A DESCRIPTIVE SURVEY OF THE EDUCATIONAL PREPARATION OF SELECTED REGISTERED PROFESSIONAL NURSES IN THE STATE OF MONTANA AND HOW THEY DESCRIBED THEIR PRESENT EMPLOYMENT CLASSIFICATION AND FUTURE CAREER GOALS

Section I

by

BARBARA LANGLOIS

ELOISE HILL

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Approved:

Anna Pearl Sherrick, R.N., Ed. D.
Head, Major Department

Rita M. Dorsch
Chairman, Examining Committee

Leon D. Johnson
Dean, Graduate Division

Bozeman, Montana
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ABSTRACT

This study investigated the educational preparation of selected professional nurses registered and residing in the state of Montana and how they described their present employment classifications, future plans for education and career. The purpose of this study was to gain information about educational preparation, future educational plans, present employment classification, and future career goals of these professional nurses. This information was obtained by surveying the professional nurses in three employment classifications. These classifications were, employed full-time, employed part-time or not gainfully employed in nursing.

The data on which this study was based were collected through the use of three questionnaires which dealt with the nurses in relation to their employment classifications.

Findings of the section of the study dealing with professional nurses who were not gainfully employed in nursing revealed that the most important reason for the nurses' being inactive were family and home responsibilities. The most important reason for the nurse remaining inactive was the husband's preference that she not work. Not all of the nurses were educationally qualified for the highest level positions they had held. Over one-half the inactive nurses expected to return to active nursing practice. Most of the nurses indicated an intention to return to hospital nursing and to staff nurse positions.

CHAPTER I

STATEMENT OF THE PROBLEM

Review of literature. Following World War I, the nation as a whole was in a state of general unrest. Nursing was challenged to provide leadership, standards and goals for the profession. Facts about nursing were needed to adequately meet this challenge. Certain individuals began making concentrated efforts to secure these facts about nursing. With the facts obtained, these individuals made recommendations for establishment of standards and goals for the nursing profession.

The Cleveland Hospital and Health survey, published in 1920, was one of the first fact finding studies conducted during this period.[1] In 1923, the study "Nursing and Nursing Education in the United States," sponsored by the Rockefeller Foundation, was published.[2] The methodology for this study was adapted from that used in the Cleveland survey. The report of the Committee for the Study of Nursing Education stands today as a beacon in the field of nursing education. At midcentury it was still the only broad scale study based on first hand observations of nurses at work.[3]

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[1]Cleveland Hospital Council, Cleveland Hospital and Health Survey, 1920.

[2]Nursing and Nursing Education in the United States, A report of the Committee for the Study of Nursing Education and a report of a survey by Josephine Goldmark. (New York: The Macmillan Company, 1923).

[3]Mary M. Roberts, American Nursing, History and Interpretation. (New York: The Macmillan Company, 1954), p. 178.

During the period of depression in the 1930's there was concern for the plight of the unemployed nurse. It was recognized at this time that many nurses were poorly prepared educationally. One of the ways proposed to check the overabundance of nurses was to raise the educational standards required for employment. Many nurses also became aware of the personal necessity of adequate educational preparation.

Suddenly, with the advent of World War II, there was a great demand for nurses and nursing services. To fill this demand for nurses it was necessary to first influence professionally inactive nurses to return to work; second, increase the number of students enrolled in schools of nursing; and third, use volunteer and auxillary workers. The formation of the Cadet Nurse Corp in 1943 was the most important step taken to increase the number of nurses being educated.

Contrary to the events that followed World War I, the demand for nursing services following World War II did not decrease. To insure to society a satisfactory qualitative as well as quantitative supply of nurses, many studies in nursing were conducted during the post war period. The National Nursing Planning Committee was instrumental in outlining objectives and defining areas in which studies should be developed. Nursing for the Future, by Esther Lucile Brown, was done to determine by whom professional schools of nursing should be organized, administered, and financed. Nursing service and nursing education was viewed in terms of

what was best for society, not what was best for the profession of nursing.[4]

The Ginsberg report, completed during the same period, was a study of the current and prospective shortage of nurses.

The maturation of nursing as a profession is reflected by the interest in and value of the research it sponsors and carries on. Nursing has made its greatest strides in becoming a mature profession in recent years.

The American Nurses' Association and the National League for Nursing have both conducted studies on the national level. The American Nurses' Association initiated in 1950 a five year study of nursing functions, standards and qualifications for practice. "The statements of nursing functions, standards and qualifications for practice represent goals toward which the profession is moving. They provide a criterion for critical evaluation of present practices, for preparation of specifications for employment for various positions, and for all kinds of educational programs for nurses."[5]

An important study carried out by the National League for Nursing was Nurses for a Growing Nation. This study provided an estimate of the

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[4]Esther Lucile Brown, Nursing for the Future. (New York: Russell Sage Foundation, 1948), p. 11.

Elizabeth M. Jamison, Mary F. Sewell, Lucille S. Gjertson, Trends in Nursing History, (Philadelphia: W.B. Saunders Company, 1959), p. 409.

future needs for nursing service in order to provide a reliable basis for development of educational programs.[6]

The nation as a whole can be divided into sections with common interests and common problems. An example of such an area is the Western States. The demand for nursing service in the rapidly growing West prompted the Western Interstate Commission for Higher Education and the Western Council on Higher Education for Nursing to conduct a survey reported under the title Nurses for the West. This was the first attempt at qualitative and quantitative evaluation of the West's nursing educational needs. Data were obtained to provide the best information on the future needs for nursing services and to systematically make plans based on the data.[7]

Each state presents its own unique set of circumstances which must be considered in adequately meeting the public's need for nursing service. Several states have undertaken studies to assess their nursing needs and resources. A list of several such surveys can be found in the bibliography.

Establishment of Need for this Study. Within the state of Montana, interest had been shown in conducting a statewide study of

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[6]Nurses for a Growing Nation, (New York: National League for Nursing, 1957), p. 5.

[7]Western Interstate Commission for Higher Education -- Western Council on Higher Education for Nursing, Nurses for the West, (Boulder, Colorado: Western Interstate Commission for Higher Education, 1959), pp. 5-6.

nurses. The first formal indication of this interest occurred at the Montana League for Nursing Convention in 1958 when one of the topics for discussion on the agenda was nursing needs and resources. Following the convention, the Board of Directors appointed a committee on nursing needs and resources. This committee met in December of 1958. At this time it was agreed upon by the committee that the Montana Nurses' Association, Montana League for Nursing, and the Montana State Board of Nursing should be contacted in regards to conducting a study of this nature.

The Coordinating Council of the Montana Nurses' Association and the Montana League for Nursing agreed on the need for a survey of nurses within the state. The Montana Nurses' Association explored possible sources of assistance in conducting the study. The Division of Nursing Resources of the Department of Health, Education and Welfare was contacted expressing a need for such help. The committee was referred to Miss Lois Gordner, Chief, Research and Resources Branch of the Division of Nursing Resources. Miss Gordner agreed to make a planning visit to Montana in March 1961.

A joint meeting of the Committee on Research and Studies of the Montana Nurses' Association and the Committee on Nursing Needs and Resources of the Montana League for Nursing, and the Presidents of the Montana League for Nursing and Montana Nurses' Association, and the Executive Secretaries of the Montana Nurses' Association and the Montana State Board of Nursing was called to decide what information the organizations wanted to obtain through such a survey. Suggestions were submitted

at the meeting for the scope of the study. A copy of the minutes of the committee meeting can be found in the appendix.

In March of 1961 Miss Gordner met with the Presidents of the Montana League for Nursing and the Montana Nurses' Association, the Executive Secretaries of the Montana Nurses' Association and the Montana State Board of Nursing. Material was reviewed that could be made available to Montana nurses for conducting surveys of three employment categories of nurses. Miss Gordner offered the use of the forms for all three surveys and the services of her department to tabulate the data obtained. She also offered to supply model cover letter forms and an outline of procedure for conducting the surveys. It was agreed upon by those in attendance to accept the offer. This decision was made after careful evaluation of the information that could be obtained by using the questionnaires available; and after careful consideration of the information, suggested as desirable at the joint meeting of the Committee on Research and Studies of the Montana Nurses' Association and the Committee on Nursing Needs and Resources of the Montana League for Nursing.

"Those in attendance divided into two groups and submitted the following suggestions for the scope of the survey:

Group I

Purpose: To determine nursing needs and resources in Montana

Facts We Need to Know:

1. Number of Nurses in Montana:

   a. Active - where - geographical location

b. Inactive - why

c. Availability - for emergency - for employment

2. Qualifications:

a. Educational

b. Professional

c. Personal - age, sex, married, etc.

3. Employment:

a. Number of nursing positions in Montana

Filled? - Unfilled? - How the employer is meeting the gap between filled and unfilled positions.

b. Proportion of professional to practical nurses and nurses aides.

c. Duties of nursing personnel in each category.

d. Employment policies - wages, fringe benefits, etc.

e. Staff turn-over - reasons for this.

f. What do the employers expect of the professional nurse, the practical nurse, nurse aide and the new graduate.

g. Extent of inservice education and does employer allow for educational leaves.

4. Students:

a. Number of students enrolled and graduated. (Professional and practical from professional and practical nurse schools in the state.)

b. Attrition rates and why.

c. Potential students based on high school records and census records.

d. Number of newly registered graduates who become employed in Montana.

e. Kinds or types of jobs newly registered graduates take and their level of preparation.

f. Number and type of nursing programs.

(. . .)

Group II

Resources: Definition - What We Have Now?

1. Number of nurses employed. Where? What positions?

2. Number of Schools of Nursing?

   a. Types of Programs

   b. Number of students enrolled

   c. How many could they enroll with present facilities and staff?

3. What are the qualifications of nursing personnel presently employed? (A cross section sample)

4. Number and qualification of unemployed nurses

   a. What is the reason they are not working?

5. What are employers doing to close the gap between supply and demand for number and quality?

6. What are nurses doing?

7. What administrative methods are they using?

8. What is the quality of nursing care?

   a. Nurses view

   b. Patients view

   c. Doctors view

   d. Special study

9. What is the geographical distribution of nurses?

NEEDS:

1. How many budgeted positions are not filled?
2. If all budgeted positions are filled would needs be met?
3. Question 8-d?
4. What does the employer expect of the new graduate?
   a. Does the new graduate meet their expectation?
   b. Special study?
5. How much up-dating is required to prepare presently employed nurses for their job?

SPECIAL STUDIES:

1. What do nurses want to do on the job and what are they required to do?
2. The whole administrative structure of nursing service today?"

It was realized at the time that it was not possible to conduct a study of the magnitude and scope that would cover all of the suggested areas of interest that had been defined by the Committee on Research and Studies of the Montana Nurses' Association and the Committee on Nursing Needs and Resources of the Montana League for Nursing. One of the prohibitive factors was the lack of sufficient funds for the broad scale study.

The collection of the data for the survey was undertaken with Mrs. Mary D. Munger, serving as the project director. After the data were collected and processed, the writers were given the opportunity to prepare the written report of this study.

Statement of the Problem. What was the educational preparation of the registered professional nurse in the state of Montana and how did

they describe their present employment classification and future plans for education and career?

From this problem, the following sub-problems were identified:

1. What factors contributed to the employment classification of the part-time employed nurse and the inactive nurse?
2. Was the educational preparation of the part-time employed nurse adequate for the positions they held?
3. Was the educational preparation of the full-time employed nurse adequate for the positions they held?
4. Was the educational preparation of the inactive nurse adequate for the highest level position held while gainfully employed in nursing?
5. How many inactive nurses might be expected to return to part-time of full-time employment; and to what positions and which fields of nursing do they plan to return?
6. How many part-time nurses plan to return to full-time employment within the next two years?
7. What fields of nursing did the part-time employed nurses indicate as being most desirable if they returned to full-time employment?
8. What plans for further education did the full-time employed nurse have?
9. If the part-time employed nurses are not now educationally qualified for the positions they plan to hold, will their planned education prepare them adequately for these positions?

10. What factors may contribute to the nurses postponing or not carrying out plans for further education?

Purpose of the Study. This study did not purport to examine all aspects of the nursing needs and resources within the state of Montana. It was believed that some aspects and special considerations of nursing resources could be studied to advantage at this time. The areas selected for study were those which might serve to assist leaders in nursing to identify the possibilities for utilizing and up-dating the registered professional nurse.

The purpose of this study was to gain information about the registered professional nurses within the state of Montana, namely:

1. The personal background of the nurses, particularly those areas which affected the nurses' employment classification.
2. The academic preparation of the nurses.
3. The future educational plans of the nurses.
4. The nurses' present employment classifications and future career goals.
5. The short term educational preparations and the future educational plans of the full-time employed nurses.
6. The public health preparation of the full-time employed nurses with special emphasis on those nurses employed in public health nursing.
7. The amount of time worked by part-time employed nurses in 1960.
8. The length of time since the inactive nurses were gainfully employed in the nursing profession.

9. Information about nurses' educational preparation and needs which will assist in developing programs to prepare adequate numbers of prepared nursing personnel.
10. The deterrents to completing further education by full-time employed nurses.
11. The employment history of inactive nurses.

Limitations and Assumptions of this Study. This study was limited to information obtained from nurses within three employment classifications in the state of Montana. Data were collected from May through November of 1961. The nurses participating in this survey were those registered with the Montana State Board of Nursing and having Montana addresses. It is assumed that not all inactive nurses are registered with the Montana State Board of Nursing and no attempt was made to determine the total numbers of professional nurses in Montana.

The questionnaires used in this survey were accepted and drawn up as part of independent national studies and were not specifically designed for this state study. Some misinterpretation may have occurred in the state survey because of the specific and unique conditions that exist in the state of Montana. No definition of nursing education programs was included in the questionnaire to facilitate respondents in describing their basic nursing education programs. Much of the data gathered was subjective because of the wording of the questionnaires. The wording of some questions elicited an opinion from the respondents. It is assumed that the respondents answered all questions as factually as possible

according to their understanding of the information which was desired.

The identification of part-time employment was made by the individual respondent and the institution in which the nurse was employed. No attempt was made to define "part-time" in terms of number of hours worked.

Not all of the nurses who indicated a change of employment classification were recontacted with the appropriate questionnaire.

The data were processed by the United States Public Health Service in the same manner as they independent national studies. Information was not provided regarding the reasons some of the questionnaires were considered unusable for these studies.

Definition of Terms. The following terms as they are used in this study are defined to avoid misunderstanding.

Nurse. In this study the term nurse means a registered professional nurse.

Registered Professional Nurse. A registered professional nurse is an individual who has completed the basic professional curriculum in an approved school of nursing and who, through endorsement or examination, had received licensure from the Montana State Board of Nursing.

Part-time Nurse. Part-time nurses are those nurses who classified themselves, in response to the questionnaire, as being employed less than full-time.

Full-time nurse. Full-time nurses are those nurses who classified themselves, in response to the questionnaire,as being employed on a full-time basis.

Inactive Nurse. Inactive nurses are those nurses who classified themselves, in response to the questionnaire, as not being gainfully employed as a nurse.

Adequate. As criteria in determining adequate educational preparation for the professional nurse; the Statement of Functions, Standards, and Qualifications for Practice as set forth by the American Nurses' Association was used.

Refresher Course. A refresher course is a program that orients the nurse to current nursing practice.

Orientation Course. An orientation course is a program that familiarizes new personnel with their positions and employing institutions.

Consultant. Consultants are those nurses who classified themselves, in response to the questionnaire, as being employed as consultants.

Supervisor. Supervisors are those nurses who classified themselves, in response to the questionnaire, as being employed as a supervisor.

Employment Classification. In this study the term employment classification refers to the basis upon which the nurse is employed, that is, full-time, part-time, or inactive.

The descriptive survey method was chosen to conduct this study. Chapter II discusses the method of collecting the data and defines and justifies the population sampled. It also contains acknowledgement of contributions and contributors to the project. Chapter III presents the

discussion of data collected from the questionnaire addressed to inactive nurses. Chapter IV summarizes the findings of the study and presents the conclusions reached by the authors along with their recommendations.

CHAPTER II

METHODOLOGY AND DATA GATHERING DEVICE

In view of the type of information desired and the nature of the population to be studied, the descriptive survey was considered the most appropriate method to conduct the study. The data necessary for this study were (1) the educational preparation and needs of the registered professional nurse in the state of Montana, (2) the past and present employment classification of the nurses, (3) the nurses future plans for education, and (4) the nurses' future plans for career.

Collection of Data. The data were collected through the use of three questionnaires. These were titled: (1) Questionnaire for Professional Nurses who are Employed Part-time. (2) Study of Educational Preparation and Educational Needs of Professional Nurses. (3) Inactive Professional Nurse Questionnaire.

The questionnaires to be used in sampling part-time nurses were supplied for the Montana survey by the United States Public Health Service. The forms for the questionnaires to be used in sampling inactive and full-time employed nurses were made available by the United States Public Health Service. Sufficient copies of these forms were duplicated to collect the data.

Those questionnaires were originally constructed and used in a national study, currently being reported by the Division of Nursing of the United States Public Health Service. Copies of these questionnaires, cover letters, and follow up letters can be found in the appendix.

Justification of Population Sampled. Nurses employed on part-time basis were sampled in an effort to collect more complete and up to date information about these nurses. This category of nurses is relatively new and is also the fastest growing employment category of registered professional nurses.[8]

"An estimated 504,000 nurses were employed in the United States in 1960. This total includes 90,000 nurses who were known to be working on a part-time basis. The actual part-time total may be even greater but sufficient information was not available to produce a better estimate."[9]

"Many hospital administrators have increased part-time work opportunities and have found that part-time workers can be used very advantageously to supplement the full-time work staff. Their call for nursing personnel on a part-time basis has attracted many married women (nurses) willing to work half days or a few days a week in a local hospital. Some of these women (nurses) are the previously inactive nurses who returned to nursing when their families no longer required their full attention and energy.

"The employment of nurses on a part-time basis is well suited to the round-the-clock operations of hospitals. In most cases, part-time

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[8]Opinion expressed by Dr. Eugene Levine at Montana Nurses" Association Convention, Miles City, Montana, 1961.

[9]American Nurses' Association, Facts About Nursing, (New York: American Nurses' Association, 1961), p. 7.

workers have regular schedules. Their chief value is as relief workers for the full-time staff during their days off. In areas of severe nursing shortages, evening and night shifts may be almost entirely staffed by part-time workers. During the busiest hours of the day there is additional need for part-time workers, particularly for versatile nurses who can give all types of nursing care."[10]

The Executive Secretary of the Montana Nurses' Association has expressed the following opinion, "There can be little question that this group of part-time workers is growing or that they are helping meet some of the staffing needs in hospitals, but I think there is a serious question about encouraging this type of employment for professional nurses. Our efforts in the economic security program have been aimed at improving working conditions in order to attract and keep full-time nurses. I really think the surveys may help us find ways of encouraging the part-time nurses to consider full-time employment. Some of the reasons I point this out is because often we find part-time nurses receiving a flat hourly rate with no other fringe benefits. This is not as costly to the employer as having full-time employees with these benefits and in some instances part-time employment is encouraged by employers.

"It has also been my experience that the full-time staff often are expected to fit into the schedule of work requested by part-time

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[10] Nurses and Other Hospital Personnel. Their Earnings and Employment Conditions. Women's Bureau, United States Department of Commerce, Pamphlet 6 (Washington: Government Printing Office, 1961), pp. 7-8.

nurses rather than the reverse situation. Some part-time nurses have been concerned about the break in the continuity of patient care when they work only two or three days a week."[11]

Nursing resources can be defined not only in numbers of nurses but also in amount of educational preparation which these nurses have for the jobs they are performing.

With increased specialization in nursing positions has come a wide variation in nurse responsibilities and activities. Not only do some nurses need more education than do others, but different kinds of educational experiences are needed.[12] Although the profession recognizes that at least one third of the nursing positions should be filled by college graduates, in 1956 fewer than ten per cent of the active registered nurses in the United States held baccalaureate degrees.[13]

"Existing data on the educational preparation and needs of professional nurses are incomplete and out of date....Crude estimates have also been made of the number of nurses available and the number of nurses holding academic degrees."[14]

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[11]Letter from Mary D. Munger, Executive Secretary, Montana Nurses' Association, to Dr. Anna P. Sherrick, Director, School of Nursing Montana State College, Bozeman, Montana, April 23, 1962.

[12]Western Interstate Commission for Higher Education - Western Council on Higher Education for Nursing, op. cit., p. 21.

[13]Ibid, p. 23.

[14]United States Department of Health, Education, and Welfare, Publice Health Service, Division of Nursing, "Supporting Statement for Study of Educational Preparation and Educational Needs of Professional Nurses", (Washington: 1961), p. 1. (Mimeographed).

This survey of full-time employed nurses will describe one dimension of the total problem related to the inadequate supply of qualified nurses by revealing the amount and kind of educational preparation which professional nurses have and the amount and kind they would like to obtain.

The inactive nurses represent an important nursing resource of nursing personnel.

"Inactive nurses returning to part-time, full-time, or "on call" practice following reorientation programs can make a contribution to the care of the sick in a variety of settings. The potential contribution of the inactive nurse, and the size of this group makes it necessary to accumulate current reliable data on which voluntary and official groups can plan for the extension of nursing services to the sick at home and in institutions."[15]

This survey of inactive nurses will provide valuable information about the presence of inactive registered nurses and their contingencies as nursing resources.

Definition of Population. Names and addresses of nurses employed part-time on either a regularly scheduled or "on call" basis were obtained by contacting seventy hospitals in the state of Montana. The list of names of nurses obtained was checked against the full-time and inactive lists of nurses to avoid duplication.

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[15]United States Department of Health, Education, and Welfare, Public Health Service, Division of Nursing, "Budget Bureau Justification for Study of Inactive Nurses" (Washington: 1961), p. 1. (Mimeographed).

Names and addresses of full-time employed nurses were obtained from the Montana State Board of Nursing. The list of names of nurses obtained was then checked against the list of inactive and part-time nurses to avoid duplication.

Names and addresses of nurses that were not gainfully employed in nursing were obtained from the Montana State Board of Nursing. The list of names of nurses obtained was checked against the list of names of full-time and part-time nurses to avoid duplication.

Numbers Sampled. The questionnaire for the part-time survey, supplied by the United States Public Health Service, was sent to 420 nurses, with a cover letter explaining what was desired from the respondent. Within one month, 196 questionnaires were completed and returned, checked against the original mailing list, and sent to Washington, D. C. for tabulation. Follow up letters and another questionnaire with the identi cal number used on the initial form were sent to nonrespondents. Eighty-nine more questionnaires were completed and returned, checked against the original mailing list, and sent to Washington, D. C. for tabulation. The total number of part-time questionnaires returned were 285. The twenty-three questionnaires from the part-time nurses in the state of Montana that were used in the national study were included in the statewide study when the data were programed.

The questionnaire form for the Study of Educational Preparation and Educational Needs of Professional Nurses was supplied by the United States Public Health Service. After duplication, 2,151 questionnaires

were mailed to full-time employed nurses with a cover letter explaining what was desired from the respondent. Within one month, 730 questionnaires were completed and returned, checked against the original mailing list, and sent to Washington, D.C. for tabulation. Follow up letters and another questionnaire with the identical number used on the initial forms were sent to nonrespondents. Four hundred eighty-seven forms were subsequently returned, checked against the original mailing list, and mailed to Washington, D. C. for tabulation. The total number of questionnaires returned by full-time employed nurses were 1,217.

The questionnaire for the inactive survey was supplied by the United States Public Health Service. After duplication, 1,159 questionnaires were mailed to inactive nurses with a cover letter explaining what was desired from the respondent. Within one month, 747 questionnaires were completed and returned, checked against the original mailing list, and sent to Washington, D. C. for tabulation. Follow up letters and another questionnaire with the identical number used on the initial forms were sent to nonrespondents. Two hundred seventy-seven forms were subsequently returned, checked against the original mailing list, and mailed to Washington, D.C. for tabulation. The total number of questionnaires returned by inactive nurses were 1,024.

Contributions to Project. We wish to acknowledge the contributions made to this project by the Montana Nurses' Association, Montana League for Nursing, Montana State Board of Nursing, Montana State Board of Health, United States Public Health Service, and volunteer workers.

The Montana Nurses' Association allowed Mrs. Mary D. Munger, Executive Secretary, to devote time to activities as project director. She was responsible for coordinating the preparation, distribution, and follow-up of the surveys. The Montana Nurses' Association also supplied secretarial services, provided headquarters for the project, and the initial financial investment of $825.74 for office supplies and postage.

The Montana League for Nursing contributed financial assistance to the project.

The Montana State Board of Nursing provided access to the registration cards of nurses and provided a separate list of nurses employed part-time. Miss Anna T. Beckwith, Executive Secretary of the Montana State Board of Nursing was responsible for directing the survey of nurses who were employed part-time.

The Montana State Board of Health prepared copies of the questionnaire sent to nurses registered as inactive. This was accomplished under the direction of Miss Wava L. Dixon.

The United States Public Health Service provided advisory personnel, the forms for the questionnaires, model cover letter forms, an outline of procedure for conducting the surveys, and tabulations of the data collected.

Mrs. Anne Jester assisted the project director, was responsible for directing the survey of nurses employed full-time, and arranged for all volunteer workers who assisted with each survey.

CHAPTER III

DISCUSSION OF DATA COLLECTED FROM NURSES REGISTERED AS INACTIVE

Total Numbers Sampled. The Montana State Board of Nursing had 1,159 professional nurses registered as inactive and having Montana addresses in 1961. The Inactive Professional Nurse Questionnaire was sent to these inactive nurses.

One thousand twenty four questionnaires were returned. Of the nurses contacted, 168 had changed their employment classification to either full-time or part-time. An additional 189 were sorted out as unusable for tabulation. The responses from 667 questionnaires were tabulated. Of the 667 responses tabulated, 369 (55.3 per cent) indicated an intention to return to active nursing practice and 298 (44.7 per cent) indicated no intention to return to active nursing practice.

Reasons for employment classification. Inactive nurses were asked to indicate the first, second, and third most important reasons for being inactive within their profession.

Of those respondents who intended to return to active nursing practice, the three most frequent responses as the first most important reason for being inactive were the following:

1. I believe a mother should be in the home while her children are young.
2. I cannot make suitable arrangements for the care of my child or children.
3. I prefer to be a homemaker.

The three most frequent responses as the second most important reason for being inactive were the following:

1. My husband prefers that I do not work.
2. I believe a mother should be in the home while her children are young.
3. I cannot make suitable arrangements for the care of my child or children.

The three most frequent responses as the third most important reason for being inactive were the following:

1. I believe a mother should be in the home while the children are young.
2. The salary I would get would not make it worthwhile.
3. I am reluctant to return because I have not engaged in nursing practice for awhile.

Of those respondents who did not intend to return to active nursing practice, the three most frequent responses as the first most important reason for being inactive were the following:

1. I believe a mother should be in the home while her children are young.
2. I prefer to be a homemaker.
3. My husband prefers that I do not work.

The three most frequent responses as the second most important reason for going inactive were the following:

1. My husband prefers that I do not work.
2. I believe a mother should be in the home while her children are young.
3. I prefer to be a homemaker.

The three most frequent responses as the third most important reason for being inactive were the following:

1. My husband prefers that I do not work.
2. I believe a mother should be in the home while her children are young.
3. The salary I would get would not make it worthwhile.

From the data obtained, the belief that a mother should be in the home while her children are young is the most important consideration which influenced the nurses to retire from professional nursing whether or not the nurses intended to return to active nursing practice.

The strongest influence reported in the decision not to return to active nursing practice was the preference of the husband that the wife not work.

By assigning numerical values, according to the frequency of response, Table I was devised to present this data.

Table I Reason For Inactivity and Failure to Return to Active Nursing Practice

Nurses Who Intend To Return

	Order of Importance			
	1st	2nd	3rd	total
Unsuitable arrangements for children	2	1		3
Inactive too long			1	1
Prefer to be a homemaker	1			1
Husband prefers do not work		3		3
Insufficient salary			2	2
Mother should be home with young children	3	2	3	8

Nurses Who Do Not Intend To Return

	Order of Importance 1st	2nd	3rd	total
Prefer to be a homemaker	2	1		3
Husband prefers do not work	1	3	3	7
Insufficient salary			1	1
Mother should be home with young children	3	2	2	7

The following values were used in the above tables.

3 = most frequent response

2 = 2nd most frequent response

1 = 3rd most frequent response

Educational preparation for highest level position held. Inactive nurses were asked to indicate college degree held and positions they held while working as a nurse for pay. College degree, if any, was compared with highest level position held. This was done to determine whether the nurse was educationally qualified to hold this position. The Functions, Standards and Qualifications for Practice as developed by the American Nurses' Association was used as a criteria.[16] The educational preparation for the positions listed for response are as follows:

Staff Nurse. It is recommended that staff nurses be graduates of a state-accredited school of professional nursing.[17]

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[16]American Nurses' Association, Functions, Standards, and Qualifications for Practice, (New York: American Nurses' Association, 1959).

[17]Ibid., p. 9.

Head Nurse. It is recommended that head nurses have "additional educational preparation" beyond graduation from a state-accredited school of professional nursing.[18]

Supervisor. It is recommended that supervisors of nursing service have "advanced educational preparation...with a baccalaureate degree in nursing.".[19]

Consultant. It is recommended that nursing consultants have "advanced preparation in nursing, leading to a masters or higher degree which includes preparation for specialization in content area".[20]

The total number of responses tabulated were 661. Of these responses, 564 (85.3 per cent) nurses held no college degree. Of these nurses, 210 indicated highest level position held was that of staff nurse. One hundred eighty-five indicated highest level position held was that of head nurse. One hundred twenty-six indicated highest level position held was that of supervisor. Three indicated highest level position held was that of consultant. One indicated highest level position held was some other position not specified. Thirty-nine gave no response as to highest level position held.

Eighty-eight (13.3 per cent) nurses indicated they held a baccalaureate degree. Of these nurses, twenty-five indicated highest level position held was that of staff nurse. Twenty-four indicated highest

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[18] Ibid., p. 12.

[19] Ibid., p. 15.

[20] Ibid. p. 6.

level position held was that of head nurse. Twenty-eight indicated highest level position held was that of supervisor. Two indicated highest level position held was that of consultant. Five indicated highest level position held was some other position not specified. Four gave no response as to highest level position held.

Four (0.7 per cent) nurses indicated they held a masters degree. Of these nurses, one indicated highest level position held was that of staff nurse. One indicated highest level position held was that of head nurse. Two indicated highest level position held was that of supervisor.

Five (0.8 per cent) nurses gave no response as to college degree held. Of these nurses, three indicated highest level position held was that of staff nurse. Two indicated highest level position held was that of head nurse.

All of the nurses, 239, that indicated highest level position held was that of staff nurse were educationally qualified for this position. Twenty-five of the nurses who indicated highest level position held was that of head nurse were educationally qualified for this position. It was not possible to determine if 187 nurses who indicated highest level position held was that of head nurse were educationally qualified for this position. These nurses indicated they held no college degree. Information was not obtained regarding additional educational preparation beyond graduation from a state-accredited school of professional nursing. Thirty of the nurses that indicated highest level position held was that of supervisor were educationally qualified for this position. One hundred twenty-

six nurses who indicated highest level position held was that of supervisor were not educationally qualified for this position since they indicated they held no college degree. None of the nurses, five, that indicated highest level position held was that of consultant were educationally qualified for this position. It was not possible to determine if forty-nine of the nurses were educationally qualified for the highest level position held since they either gave no response as to highest level position held or listed this position as some other than those listed as responses.

Two hundred ninety-four (44.5 per cent) nurses, who indicated highest level position held, were educationally qualified to hold these positions. One hundred thirty-one (19.8 per cent) nurses, who indicated highest level position held, were not educationally qualified to hold these positions. It was not possible to determine if 236 (35.7 per cent) nurses were educationally qualified to hold their highest level position.

Number of years worked full-time - number of years inactive. Of those nurses who indicated an intention to return to active nursing practice, the number of years they had worked full-time was tabulated against the number of years they had been inactive. The total number of responses tabulated were 369.

Of the total responses tabulated, sixteen (4.3 per cent) had never worked full-time. Of these nurses, eight had been inactive less than one year, four had been inactive one but less than three years, one had been inactive three but less than five years, two had been inactive five but less than ten years, and one had been inactive ten or more years.

Fifty-four (14.6 per cent) nurses had worked full-time less than one year. Of these nurses, fourteen had been inactive less than one year, seventeen had been inactive one but less than three years, six had been inactive three but less than five years, ten had been inactive five but less than ten years, and seven had been inactive ten or more years.

One hundred six (28.8 per cent) nurses had worked full-time one but less than three years. Of these nurses, thirty-two had been inactive less than one year, thirty-six had been inactive one but less than three years, eighteen had been inactive three but less than five years, fifteen had been inactive five but less than ten years, and five had been inactive ten or more years.

Eighty-six (23.3 per cent) nurses had worked full-time three but less than five years. Of these nurses, twenty had been inactive less than one year, thirty-four had been inactive one but less than three years, ten had been inactive three but less than five years, thirteen had been inactive five but less than ten years, seven had been inactive ten or more years, and two gave no response as to the number of years they had been inactive.

Fifty-nine (16 per cent) nurses had worked full-time five but less than ten years. Of these nurses, seventeen had been inactive less than one year, seventeen had been inactive one but less than three years, five had been inactive three but less than five years, twelve had been inactive five but less than ten years, seven had been inactive ten or more years, and one gave no response as to the number of years they had been

inactive.

Thirty-four (9.2 per cent) nurses had worked full-time ten or more years. Of these nurses, eleven had been inactive less than one year, eight had been inactive one but less than three years, three had been inactive three but less than five years, ten had been inactive five but less than ten years, and two had been inactive ten or more years.

Fourteen (3.8 per cent) nurses gave no response as to the number of years they had worked full-time. Of these nurses, two had been inactive less than one year, seven had been inactive one but less than three years, three had been inactive three but less than five years, one had been inactive five but less than ten years, and one gave no response as to the number of years they had been inactive.

Over one half of the nurses who had been employed full-time during their professional nursing career, regardless of the number of years, had been inactive less than three years.

Number of years worked part-time - number of years inactive. Of those nurses who indicated an intention to return to active nursing practice, the number of years they had worked part-time was tabulated against the number of years they had been inactive. The total number of responses tabulated were 369.

Of the total responses tabulated, seventy-six (20.6 per cent) had never worked part-time. Of these nurses, sixteen had been inactive less than one year, twenty-eight had been inactive one but less than three years, ten had been inactive three but less than five years, thirteen had been in-

active five but less than ten years, eight had been inactive ten or more years, and one gave no response as to the number of years they had been inactive.

Ninety-three (25.2 per cent) nurses had worked part-time less than one year. Of these nurses, thirty-six had been inactive less than one year, twenty-five had been inactive one but less than three years, eleven had been inactive three but less than five years, fourteen had been inactive five but less than ten years, six had been inactive ten or more years, and one gave no response as to the number of years they had been inactive.

Sixty-seven (18.1 per cent) nurses had worked part-time one but less than three years. Of these nurses, eighteen had been inactive less than one year, twenty-four had been inactive one but less than three years, eight had been inactive three but less than five years, fourteen had been inactive five but less than ten years, and three had been inactive ten or more years.

Thirty-two (8.7 per cent) nurses had worked part-time three but less than five years. Of these nurses, nine had been inactive less than one year, fifteen had been inactive one but less than three years, three had been inactive three but less than five years, and five had been inactive five but less than ten years.

Twenty-two (6 per cent) nurses had worked part-time five but less than ten years. Of these nurses, eight had been inactive less than one year, eleven had been inactive one but less than three years, and three

had been inactive three but less than five years.

Eight (2.2 per cent) nurses had worked part-time ten or more years. Of these nurses, three had been inactive less than one year, three had been inactive one but less than three years, and two had been inactive five but less than ten years.

Seventy-one (19.2 per cent) gave no response as to the number of years they had worked part-time. Of these nurses, fourteen had been inactive less than one year, seventeen had been inactive one but less than three years, eleven had been inactive three but less than five years, fifteen had been inactive five but less than ten years, twelve had been inactive ten or more years, and two gave no response as to the number of years they had been inactive.

Over one half of the nurses who had been employed part-time during their professional nursing career, regardless of the number of years, had been inactive less than three years. As the number of years the nurse had been inactive increases, the number of years they had worked part-time decreases.

Length of time inactive - when return. Inactive nurses were asked to indicate how long it had been since they worked as a nurse for pay. The total number of responses tabulated were 667.

Of the total responses tabulated, 133 (20 per cent) had been inactive less than one year. Of these nurses, twenty-nine did not intend to return to active nursing practice and 104 did intend to return to active nursing practice. Of those nurses who indicated an intention to return

to active nursing practice, thirty expected to return in less than one year, nine expected to return in one but less than two years, five expected to return in two but less than three years, three expected to return in three but less than five years, eight expected to return in five but less than ten years, three expected to return in ten or more years, forty-three were undecided as to when they expected to return, and three gave no response as to when they expected to return to active nursing practice.

One hundred seventy-eight (26.7 per cent) nurses had been inactive one but less than three years. Of these nurses, fifty-five did not intend to return to active nursing practice and 123 did intend to return to active nursing practice. Of those nurses who indicated an intention to return to active nursing practice, twenty-seven expected to return in less than one year, twelve expected to return in one but less than two years, three expected to return in two but less than three years, four expected to return in three but less than five years, nineteen expected to return in five but less than ten years, three expected to return in ten or more years, fifty-four were undecided as to when they expected to return, and one gave no response as to when they expected to return to active nursing practice.

Ninety-one (13.6 per cent) nurses had been inactive three but less than five years. Of these nurses, forty-five did not intend to return to active nursing practice and forty-six did intend to return to active nursing practice. Of those nurses who indicated an intention to return to

active nursing practice, two expected to return in less than one year, two expected to return in one but less than two years, five expected to return in three but less than five years, six expected to return in five but less than ten years, one expected to return in ten or more years, twenty-seven were undecided as to when they expected to return, and three gave no response as to when they expected to return to active nursing practice.

One hundred thirty-seven (20.5 per cent) nurses had been inactive five but less than ten years. Of these nurses, seventy-four did not intend to return to active nursing practice and sixty-three did intend to return to active nursing practice. Of those nurses who indicated an intention to return to active nursing practice, four expected to return in less than one year, three expected to return in one but less than two years, four expected to return in two but less than three years, three expected to return in three but less than five years, eight expected to return in five but less than ten years, eleven expected to return in ten or more years, and thirty were undecided as to when they expected to return to active nursing practice.

One hundred sixteen (17.4 per cent) nurses had been inactive ten or more years. Of these nurses, eighty-seven did not intend to return to active nursing practice and twenty-nine did intend to return to active nursing practice. Of those nurses who indicated an intention to return to active nursing practice, five expected to return in less than one year, three expected to return in one but less than two years, five expected to return in three but less than five years, five expected to return in five

but less than ten years, two expected to return in ten or more years, and nine were undecided as to when they expected to return to active nursing practice.

Twelve (1.8 per cent) nurses gave no response as to the number of years they had been inactive. Of these nurses, eight did not intend to return to active nursing practice and four did intend to return to active nursing practice. Of those nurses who indicated an intention to return to active nursing practice, one expected to return in one but less than two years, and three were undecided as to when they expected to return to active nursing practice.

The largest category of responses tabulated were nurses that had been inactive one but less than three years. As the number of years the nurse had been inactive in the profession increases, the percentage of nurses that expected to remain inactive in the profession increases. This may indicate that the longer the nurses had been inactive in the profession the less likely they were to return to active nursing practice.

Of those nurses who intend to return to active nursing practice in less than one year, 83 per cent have been inactive less than three years. Of the nurses who intend to return to active nursing practice within one but less than two years, 70 per cent have been inactive less than three years. Of those nurses who intend to return to active nursing practice within five but less than ten years, the largest group (41.3 per cent) have been inactive one but less than three years. Of those nurses who expect to return to active nursing practice in ten or more years, the largest

group (55.0 per cent) have been inactive five but less than ten years. Those nurses who had been inactive in the profession the shortest length of time expected to return to active nursing practice within the shortest length of time.

Basic nursing education program - when return. Inactive nurses were asked to indicate type of basic nursing education program. Total number of responses tabulated were 667.

Of the total respondents, eight (1.2 per cent) were graduates of an associate degree program. Of these nurses, two did not intend to return to active nursing practice and six did intend to return to active nursing practice. Of those nurses who indicated an intention to return to active nursing practice, one expected to return in less than one year, one expected to return in two but less than three years, one expected to return in ten or more years, and three were undecided as to when they expected to return to active nursing practice.

Five hundred eighty-six (87.9 per cent) nurses were graduated of hospital program. Of these nurses, 266 did not intend to return to active nursing practice and 320 did intend to return to active nursing practice. Of those nurses who indicated an intention to return to active nursing practice, fifty-eight expected to return in less than one year, twenty-six expected to return in one but less than two years, ten expected to return in two but less than three years, sixteen expected to return in three but less than five years, forty-four expected to return in five but less than ten years, fifteen expected to return in ten or more years, 145 were

undecided as to when they expected to return, and six gave no response as to when they expected to return to active nursing practice.

Sixty-two (9.3 per cent) nurses were graduates of a collegiate program. Of these nurses, twenty-three did not intend to return to active nursing practice and thirty-nine did intend to return to active nursing practice. Of those nurses who indicated an intention to return to active nursing practice, nine expected to return in less than one year, four expected to return in one but less than two years, one expected to return in two but less than three years, three expected to return in three but less than five years, two expected to return in five but less than ten years, four expected to return in ten or more years, and sixteen were undecided as to when they expected to return to active nursing practice.

Eleven (1.6 per cent) nurses gave no response as to type of basic nursing education program. Of these nurses, seven did not intend to return to active nursing practice and four did intend to return to active nursing practice. Of those nurses who indicated an intention to return to active nursing practice, one expected to return in three but less than five years, two were undecided as to when they expected to return, and one gave no response as to when they expected to return to active nursing practice.

The greatest number of nurses who intended to return to active nursing practice will have completed their basic nursing education in a hospital program. The least number of nurses who intended to return to active nursing practice will have completed their basic nursing education

in an associate degree program.

The type of basic nursing education program from which the nurse was graduated did not appear to have been a major determining factor in when the nurse expected to return to active nursing practice.

Year of graduation - when return. Inactive nurses were asked to indicate the year they graduated from their basic nursing education program. The total number of responses tabulated were 667.

Of the total responses tabulated, nine (1.3 per cent) graduated from their basic nursing education program prior to 1920. Of these nurses, eight did not intend to return to active nursing practice and one did intend to return to active nursing practice. The nurse that indicated an intention to return to active nursing practice gave no response as to when she expected to return.

Forty-seven (7 per cent) nurses graduated from their basic nursing education program between the years of 1920 and 1929. Of these nurses, thirty-four did not intend to return to active nursing practice and thirteen did intend to return to active nursing practice. Of those nurses who indicated an intention to return to active nursing practice, eight expected to return in less than one year, two expected to return in one but less than two years, two were undecided as to when they expected to return, and one gave no response as to when they expected to return to active nursing practice.

Ninety-six (14.4 per cent) nurses graduated from their basic nursing education program between the years of 1930 and 1939. Of these

nurses, sixty-four did not intend to return to active nursing practice and thirty-two did intend to return to active nursing practice. Of those nurses who indicated an intention to return to active nursing practice, eight expected to return in less than one year, two expected to return in one but less than two years, three expected to return in two but less than three years, two expected to return in three but less than five years, two expected to return in five but less than ten years, one expected to return in ten or more years, thirteen were undecided as to when they expected to return, and one gave no response as to when they expected to return to active nursing practice.

Eighty-eight (13.2 per cent) nurses graduated from their basic nursing education program between the years of 1940 and 1944. Of these nurses, forty-six did not intend to return to active nursing practice and forty-two did intend to return to active nursing practice. Of those nurses who indicated an intention to return to active nursing practice, six expected to return in less than one year, six expected to return in one but less than two years, two expected to return in two but less than three years, three expected to return in three but less than five years, two expected to return in five but less than ten years, twenty were undecided as to when they expected to return, and three gave no response as to when they expected to return to active nursing practice.

One hundred thirty-two (19.9 per cent) nurses graduated from their basic nursing education program between the years of 1945 and 1949. Of these nurses, sixty-one did not intend to return to active nursing practice

and seventy-one did intend to return to active nursing practice. Of those nurses who indicated an intention to return to active nursing practice, nine expected to return in less than one year, six expected to return in one but less than two years, two expected to return in two but less than three years, seven expected to return in three but less than five years, eleven expected to return in five but less than ten years, six expected to return in ten or more years, and thirty were undecided as to when they expected to return to active nursing practice.

One hundred fifty-one (22.7 per cent) nurses graduated from their basic nursing education program between the years of 1950 and 1954. Of these nurses, forty-six did not intend to return to active nursing practice and 105 did intend to return to active nursing practice. Of those nurses who indicated an intention to return to active nursing practice, fourteen expected to return in less than one year, eight expected to return in one but less than two years, three expected to return in two but less than three years, five expected to return in three but less than five years, seventeen expected to return in five but less than ten years, six expected to return in ten or more years, and fifty-one were undecided as to when they expected to return to active nursing practice.

One hundred nineteen (17.8 per cent) nurses graduated from their basic nursing education program between the years of 1955 and 1959. Of these nurses, twenty-nine did not intend to return to active nursing practice and ninety did intend to return to active nursing practice. Of those nurses who indicated an intention to return to active nursing practice,

seventeen expected to return in less than one year, five expected to return in one but less than two years, one expected to return in two but less than three years, two expected to return in three but less than five years, thirteen expected to return in five but less than ten years, six expected to return in ten or more years, and forty-six were undecided as to when they expected to return to active nursing practice.

Ten (1.5 per cent) nurses were graduated from their basic nursing education program in 1960. Of these nurses, one did not intend to return to active nursing practice and nine did intend to return to active nursing practice. Of those nurses who indicated an intention to return to active nursing practice, six expected to return in less than one year, one expected to return in one but less than two years, one expected to return in two but less than three years, and one expected to return in five but less than ten years.

Fifteen (2.2 per cent) nurses gave no response as to the year they graduated from their basic nursing education program. Of these nurses, nine did not intend to return to active nursing practice and six did intend to return to active nursing practice. Of those nurses who indicated an intention to return to active nursing practice, one expected to return in three but less than five years, four were undecided as to when they expected to return to active nursing practice, and one gave no response.

These findings appear to indicate that the greater the length of time since graduation from basic nursing education program, the less likely the nurse will be to return to active nursing practice.

The year of graduation from basic nursing education program did not appear to have been a major determining factor in when the nurse expected to return to active nursing practice with the possible exception of graduates between the years of 1945 and 1954 who most often expected to return to active nursing practice in five but less than ten years.

College degree held - when return. Inactive nurses were asked to indicate college degree held. The total number of responses tabulated were 667.

Of the total responses tabulated, eighty-five (12.8 per cent) held baccalaureate degrees. Of these nurses, thirty-five did not intend to return to active nursing practice and fifty did intend to return to active nursing practice. Of those nurses who indicated an intention to return to active nursing practice, nine expected to return in less than one year, six expected to return in one but less than two years, two expected to return in two but less than three years, three expected to return in three but less than five years, three expected to return in five but less than ten years, seven expected to return in ten or more years, and twenty were undecided as to when they expected to return to active nursing practice.

Five (0.7 per cent) nurses held master's degrees. Of these nurses, one did not intend to return to active nursing practice and four did intend to return to active nursing practice, one expected to return in less than one year, one expected to return in five but less than ten years, and two were undecided as to when they expected to return to active nursing practice.

[illegible] (1.4 per cent) nurses did not specify the college degree they held. Of these nurses, eleven did not intend to return to active nursing

Twelve (1.8 per cent) nurses did not specify the college degree they held. Of these nurses, eleven did not intend to return to active nursing practice and one did intend to return to active nursing practice. The nurse that indicated an intention to return to active nursing practice expected to return in one but less than two years.

Five hundred sixty-five (84.7 per cent) nurses held no college degree. Of these nurses, 251 did not intend to return to active nursing practice and 314 did intend to return to active nursing practice. Of those nurses who indicated an intention to return to active nursing practice, fifty-eight expected to return in less than one year, twenty-three expected to return in one but less than two years, ten expected to return in two but less than three years, seventeen expected to return in three but less than five years, forty-two expected to return in five but less than ten years, thirteen expected to return in ten or more years, 144 were undecided as to when they expected to return, and seven gave no response as to when they expected to return to active nursing practice.

This data may indicate that the higher the college degree held, the more likely the nurse will be to return to active nursing practice. The college degree held did not appear to have been a major determining factor in when the nurse expected to return to active nursing practice.

Age at last birthday - when return. Inactive nurses were asked to indicate their age at last birthday. The total number of responses tabulated were 667.

Of the total responses tabulated, 194 (29.1 per cent) were between

the ages of twenty and twenty-nine years. Of these nurses, forty-one did not intend to return to active nursing practice and 153 did intend to return to active nursing practice. Of those nurses who indicated an intention to return to active nursing practice, twenty-six expected to return in less than one year, ten expected to return in one but less than two years, three expected to return in two but less than three years, six expected to return in three but less than five years, twenty-six expected to return in five but less than ten years, seven expected to return in ten or more years, and seventy-five were undecided as to when they expected to return to active nursing practice.

Two hundred fifty-nine (38.8 per cent) nurses were between the ages of thirty and thirty-nine years. Of these nurses, 121 did not intend to return to active nursing practice and 138 did intend to return to active nursing practice. Of those nurses who indicated an intention to return to active nursing practice, twenty-one expected to return in less than one year, fourteen expected to return in one but less than two years, five expected to return in two but less than three years, ten expected to return in three but less than five years, fourteen expected to return in five but less than ten years, eleven expected to return in ten or more years, and sixty-three were undecided as to when they expected to return to active nursing practice.

One hundred fourteen (17.1 per cent) nurses were between the ages of forty and forty-nine years. Of these nurses, sixty-two did not intend to return to active nursing practice and fifty-two did intend to return to

active nursing practice. Of those nurses who indicated an intention to return to active nursing practice, nine expected to return in less than one year, four expected to return in one but less than two years, four expected to return in two but less than three years, four expected to return in three but less than five years, five expected to return in five but less than ten years, two expected to return in ten or more years, twenty were undecided as to when they expected to return, and four gave no response as to when they expected to return to active nursing practice.

Sixty-seven (10.1 per cent) nurses were between the ages of fifty and fifty-nine years. Of these nurses, forty-nine did not intend to return to active nursing practice and eighteen did intend to return to active nursing practice. Of those nurses who indicated an intention to return to active nursing practice, ten expected to return in less than one year, two expected to return in one but less than two years, and six were undecided as to when they expected to return to active nursing practice.

Twenty-nine (4.3 per cent) nurses were sixty years of age or older. Of these nurses, twenty-four did not intend to return to active nursing practice and five did intend to return to active nursing practice. Of those nurses who indicated an intention to return to active nursing practice, two expected to return in less than one year, and three gave no response as to when they expected to return to active nursing practice.

Four (0.6 per cent) nurses gave no response as to their age at last birthday. Of these nurses, one did not intend to return to active nursing practice and three did intend to return to active nursing practice.

Of those nurses who indicated an intention to return to active nursing practice, one expected to return in five but less than ten years, and two were undecided as to when they expected to return to active nursing practice.

The greatest number of inactive nurses are between the ages of thirty and thirty-nine years. As the inactive nurses get older, they were less likely to return to active nursing practice. Of those nurses in the age group of twenty to twenty-nine years, an equal number expected to return to active nursing practice within less than one and within five but less than ten years. After age fifty, all nurses who had definite plans to return to active nursing practice planned to do so within two years.

Marital status - intention to return. Inactive nurses were asked to indicate their marital status. The total number of responses tabulated were 667.

Of the total responses tabulated, 618 (92.7 per cent) nurses were married. Of these nurses, 341 (55.2 per cent) intended to return to active nursing practice and 277 (44.8 per cent) did not intend to return to active nursing practice.

Twenty-two (3.4 per cent) nurses were widowed. Of these nurses, thirteen (59.1 per cent) intended to return to active nursing practice and nine (40.9 per cent) did not intend to return to active nursing practice.

Seventeen (2.5 per cent) nurses were single. Of these nurses, ten (58.8 per cent) intended to return to active nursing practice and

seven (41.2 per cent) did not intend to return to active nursing practice.

Three (0.4 per cent) nurses were divorced or separated. Of these nurses, two (66.7 per cent) intended to return to active nursing practice and one (33.3 per cent) did not intend to return to active nursing practice.

Seven (1 per cent) nurses gave no response as to their marital status. Of these nurses, three (42.9 per cent) intended to return to active nursing practice and four (57.1 per cent) did not intend to return to active nursing practice.

These findings indicate that the greatest number of inactive registered nurses in Montana are married. Marital status had no apparent influence on the nurse's decision to, or not to, return to active nursing practice.

Number of children - when return. Inactive nurses were asked to indicate how many children they had. The total number of responses tabulated were 667.

Of the total responses tabulated, seventy-three (10.9 per cent) had no children. Of these nurses, forty-two did not intend to return to active nursing practice and thirty-one did intend to return to active nursing practice. Of those nurses who indicated an intention to return to active nursing practice, fifteen expected to return in less than one year, three expected to return in one but less than two years, one expected to return in two but less than three years, nine were undecided as to when they expected to return, and three gave no response as to when they

expected to return to active nursing practice.

One hundred nine (16.3 per cent) nurses had one child. Of these nurses, fifty-two did not intend to return to active nursing practice and fifty-seven did intend to return to active nursing practice. Of those nurses who indicated an intention to return to active nursing practice, eleven expected to return in less than one year, seven expected to return in one but less than two years, two expected to return in two but less than three years, five expected to return in five but less than ten years, one expected to return in ten or more years, thirty were undecided as to when they expected to return, and one gave no response as to when they expected to return to active nursing practice.

One hundred eighty-eight (28.3 per cent) nurses had two children. Of these nurses, eighty-two did not intend to return to active nursing practice and 106 did intend to return to active nursing practice. Of those nurses who indicated an intention to return to active nursing practice, thirteen expected to return in less than one year, seven expected to return in one but less than two years, four expected to return in two but less than three years, ten expected to return in three but less than five years, eleven expected to return in five but less than ten years, eight expected to return in ten or more years, fifty-two were undecided as to when they expected to return, and one gave no response as to when they expected to return to active nursing practice.

One hundred thirty-eight (20.7 per cent) nurses had three children. Of these nurses, fifty-six did not intend to return to active nursing

practice and eighty-two did intend to return to active nursing practice. Of those nurses who indicated an intention to return to active nursing practice, fifteen expected to return in less than one year, six expected to return in one but less than two years, one expected to return in two but less than three years, five expected to return in three but less than five years, thirteen expected to return in five but less than ten years, five expected to return in ten or more years, and thirty-seven were undecided as to when they expected to return to active nursing practice.

Eighty-six (12.9 per cent) nurses had four children. Of these nurses, thirty-nine did not intend to return to active nursing practice and forty-seven did intend to return to active nursing practice. Of those nurses who indicated an intention to return to active nursing practice, four expected to return in less than one year, six expected to return in one but less than two years, two expected to return in two but less than three years, four expected to return in three but less than five years, eight expected to return in five but less than ten years, four expected to return in ten or more years, eighteen were undecided as to when they expected to return, and one gave no response as to when they expected to return to active nursing practice.

Sixty-two (9.3 per cent) nurses had five or more children. Of these nurses, nineteen did not intend to return to active nursing practice and forty-three did intend to return to active nursing practice. Of those nurses who indicated an intention to return to active nursing practice, ten expected to return in less than one year, one expected to return in

one but less than two years, two expected to return in two but less than three years, one expected to return in three but less than five years, eight expected to return in five but less than ten years, two expected to return in ten or more years, eighteen were undecided as to when they expected to return, and one gave no response as to when they expected to return to active nursing practice.

Eleven (1.6 per cent) nurses gave no response as to the number of children they had. Of these nurses, eight did not intend to return to active nursing practice and three did intend to return to active nursing practice. Of those nurses who indicated an intention to return to active nursing practice, one expected to return in five but less than ten years, and two were undecided as to when they expected to return to active nursing practice.

The greatest number of nurses had two children. Nurses that had no children were least likely to return to active nursing practice. Nurses that had five or more children were the most likely to return to active nursing practice. Of those nurses that had children, the number of children did not appear to have been a major determining factor in when the nurse expected to return to active nursing practice.

Age of youngest child - when return. Inactive nurses were asked to indicate the age of their youngest child at his last birthday if they had one or more children. The total number of responses tabulated were 594. Of these responses, 338 (56.9 per cent) intended to return to active nursing practice and 256 (43.1 per cent) did not intend to return to active

nursing practice.

Of the total responses tabulated, 368 (62 per cent) indicated their youngest child was four years of age or younger. Of these nurses, 121 did not intend to return to active nursing practice and 247 did intend to return to active nursing practice. Of those nurses who indicated an intention to return to active nursing practice, thirty-one expected to return in less than one year, thirteen expected to return in one but less than two years, nine expected to return in two but less than three years, fifteen expected to return in three but less than five years, thirty-eight expected to return in five but less than ten years, twenty expected to return in ten or more years, 120 were undecided as to when they expected to return, and one gave no response as to when they expected to return to active nursing practice.

Ninety-one (15.3 per cent) nurses indicated their youngest child was between the ages of five and nine years. Of these nurses, forty-six did not intend to return to active nursing practice and forty-five did intend to return to active nursing practice. Of those nurses who indicated an intention to return to active nursing practice, seven expected to return in less than one year, ten expected to return in one but less than two years, two expected to return in two but less than three years, two expected to return in three but less than five years, five expected to return in five but less than ten years, eighteen were undecided as to when they expected to return, and one gave no response as to when they expected to return to active nursing practice.

Sixty-two (10.4 per cent) nurses indicated their youngest child was between the ages of ten and fourteen years. Of these nurses, thirty-seven did not intend to return to active nursing practice and twenty-five did intend to return to active nursing practice. Of those nurses who indicated an intention to return to active nursing practice, six expected to return in less than one year, three expected to return in one but less than two years, one expected to return in three but less than five years, one expected to return in five but less than ten years, twelve were undecided as to when they expected to return, and two gave no response as to when they expected to return to active nursing practice.

Twenty-four (4 per cent) nurses indicated their youngest child was between the ages of fifteen and nineteen years. Of these nurses, fourteen did not intend to return to active nursing practice and ten did intend to return to active nursing practice. Of those nurses who indicated an intention to return to active nursing practice, five expected to return in less than one year, one expected to return in one but less than two years, one expected to return in three but less than five years, and three were undecided as to when they expected to return to active nursing practice.

Thirty-eight (6.4 per cent) nurses indicated their youngest child was twenty years of age or older. Of these nurses, thirty did not intend to return to active nursing practice and eight did intend to return to active nursing practice. Of those nurses who indicated an intention to return to active nursing practice, four expected to return in less than one year, one

expected to return in three but less than five years, one expected to return in five but less than ten years, and two were undecided as to when they expected to return to active nursing practice.

Eleven (1.9 per cent) nurses gave no response as to the age of their youngest child. Of these nurses, eight did not intend to return to active nursing practice and three did intend to return to active nursing practice. Of those nurses who indicated an intention to return to active nursing practice, one expected to return in five but less than ten years, and two were undecided as to when they expected to return to active nursing practice.

Over one half (62 per cent) of the total respondents to this question indicated their youngest child was four years of age or younger. This group of nurses were the most likely to return to active nursing practice. The group of respondents that were least likely to return to active nursing practice indicated their youngest child was twenty years of age or older. With the exception of the nurses that had children four years of age or younger, the older the youngest child the sooner the nurse expected to return to active nursing practice.

Number of years worked full-time and part-time - when return. Inactive nurses were asked to estimate the number of years they had worked full-time and part-time since graduation. The total number of respondents was 667.

Of the total responses tabulated, twenty-six (3.9 per cent) had never worked full-time. Of these nurses, ten did not intend to return

to active nursing practice and sixteen did intend to return to active nursing practice. Of those nurses who indicated an intention to return to active nursing practice, one expected to return in less than one year, one expected to return in one but less than two years, one expected to return in two but less than three years, one expected to return in three but less than five years, five expected to return in five but less than ten years, one expected to return in ten or more years, and six were undecided as to when they expected to return to active nursing practice.

Eighty-seven (13 per cent) nurses had worked full-time less than one year. Of these nurses, thirty-three did not intend to return to active nursing practice and fifty-four did intend to return to active nursing practice. Of those nurses who indicated an intention to return to active nursing practice, ten expected to return in less than one year, one expected to return in one but less than two years, one expected to return in two but less than three years, one expected to return in three but less than five years, nine expected to return in five but less than ten years, five expected to return in ten or more years, and twenty-seven were undecided as to when they expected to return to active nursing practice.

One hundred seventy-seven (26.6 per cent) nurses had worked full-time one but less than three years. Of these nurses, seventy-one did not intend to return to active nursing practice and 106 did intend to return to active nursing practice. Of those nurses who indicated an intention to return to active nursing practice, eighteen expected to return in

less than one year, nine expected to return in one but less than two years, one expected to return in two but less than three years, five expected to return in three but less than five years, twelve expected to return in five but less than ten years, eight expected to return in ten or more years, fifty-two were undecided as to when they expected to return, and one gave no response as to when they expected to return to active nursing practice.

One hundred forty-four (21.6 per cent) nurses had worked full-time three but less than five years. Of these nurses, fifty-eight did not intend to return to active nursing practice and eighty-six did intend to return to active nursing practice. Of those nurses who indicated an intention to return to active nursing practice, ten expected to return in less than one year, eight expected to return in one but less than two years, seven expected to return in two but less than three years, seven expected to return in three but less than five years, twelve expected to return in five but less than ten years, two expected to return in ten or more years, thirty-nine were undecided as to when they expected to return, and one gave no response as to when they expected to return to active nursing practice.

One hundred sixteen (17.4 per cent) nurses had worked full-time five but less than ten years. Of these nurses, fifty-seven did not intend to return to active nursing practice and fifty-nine did intend to return to active nursing practice. Of those nurses who indicated an intention to return to active nursing practice, twelve expected to return in less than

one year, five expected to return in one but less than two years, one expected to return in two but less than three years, four expected to return in three but less than five years, six expected to return in five but less than ten years, four expected to return in ten or more years, twenty-six were undecided as to when they expected to return, and one gave no response as to when they expected to return to active nursing practice.

Eighty-four (12.6 per cent) nurses had worked full-time ten or more years. Of these nurses, fifty did not intend to return to active nursing practice and thirty-four did intend to return to active nursing practice. Of those nurses who indicated an intention to return to active nursing practice twelve expected to return in less than one year, four expected to return in one but less than two years, one expected to return in two but less than three years, one expected to return in three but less than five years, thirteen were undecided as to when they expected to return, and three gave no response as to when they expected to return to active nursing practice.

Thirty-three (4.9 per cent) nurses gave no response as to the number of years they had worked full-time. Of these nurses, nineteen did not intend to return to active nursing practice and fourteen did intend to return to active nursing practice. Of those nurses who indicated an intention to return to active nursing practice, five expected to return in less than one year, two expected to return in one but less than two years, one expected to return in three but less than five years, two expected to return in five but less than ten years, three were undecided as

to when they expected to return, and one gave no response as to when they expected to return to active nursing practice.

Of those nurses who had never worked full-time, 61.5 per cent expected to return to active nursing practice. The largest number, six, were undecided as to when they expected to return to active nursing practice. The next largest number, five, expected to return in five but less than ten years.

As the number of years that the registered nurse worked full-time increases, the less likely they are to return to active nursing practice.

Most nurses who have worked full-time during their professional nursing career felt they would be most likely to return to active nursing practice in less than one year or five but less than ten years. The number of years the nurse worked full-time does not appear to be a major determining factor in when the nurse expected to return to active nursing practice.

Of the total responses tabulated, 148 (22.2 per cent) had never worked part-time. Of these nurses, seventy-two did not intend to return to active nursing practice and seventy-six did intend to return to active nursing practice. Of those nurses who indicated an intention to return to active nursing practice, seventeen expected to return in less than one year, six expected to return in one but less than two years, three expected to return in two but less than three years, three expected to return in three but less than five years, ten expected to return in five but less than ten years, two expected to return in ten or more

years, thirty-four were undecided as to when they expected to return, and one gave no response as to when they expected to return to active nursing practice.

One hundred forty-seven (22 per cent) nurses had worked part-time less than one year. Of these nurses, fifty-four did not intend to return to active nursing practice and ninety-three did intend to return to active nursing practice. Of those nurses who indicated an intention to return to active nursing practice, nineteen expected to return in less than one year, seven expected to return in one but less than two years, two expected to return in two but less than three years, six expected to return in three but less than five years, seven expected to return in five but less than ten years, eight expected to return in ten or more years, forty-three were undecided as to when they expected to return, and one gave no response as to when they expected to return to active nursing practice.

One hundred one (15.2 per cent) nurses had worked part-time one but less than three years. Of these nurses, thirty-four did not intend to return to active nursing practice and sixty-seven did intend to return to active nursing practice. Of those nurses who indicated an intention to return to active nursing practice, eight expected to return in less than one year, five expected to return in one but less than two years, three expected to return in two but less than three years, two expected to return in three but less than five years, ten expected to return in five but less than ten years, five expected to return in ten or more years, thirty-

three were undecided as to when they expected to return, and one gave no response as to when they expected to return to active nursing practice.

Fifty-six (8.4 per cent) nurses had worked part-time three but less than five years. Of these nurses, twenty-four did not intend to return to active nursing practice and thirty-two did intend to return to active nursing practice. Of those nurses who indicated an intention to return to active nursing practice, three expected to return in less than one year, three expected to return in one but less than two years, one expected to return in two but less than three years, four expected to return in three but less than five years, five expected to return in five but less than ten years, one expected to return in ten or more years, and fifteen were undecided as to when they expected to return to active nursing practice.

Forty (6 per cent) nurses had worked part-time five but less than ten years. Of these nurses, eighteen did not intend to return to active nursing practice and twenty-two did intend to return to active nursing practice. Of those nurses who indicated an intention to return to active nursing practice, one expected to return in less than one year, two expected to return in one but less than two years, one expected to return in two but less than three years, three expected to return in five but less than ten years, fourteen were undecided as to when they expected to return, and one gave no response as to when they expected to return to active nursing practice.

Twenty-three (3.4 per cent) nurses had worked part-time ten or

more years. Of these nurses, fifteen did not intend to return to active nursing practice and eight did intend to return to active nursing practice. Of those nurses who indicated an intention to return to active nursing practice, four expected to return in less than one year, one expected to return in three but less than five years, two were undecided as to when they expected to return, and one gave no response as to when they expected to return to active nursing practice.

One hundred fifty-two (22.8 per cent) nurses gave no response as to the number of years they had worked part-time. Of these nurses, eighty-one did not intend to return to active nursing practice and seventy-one did intend to return to active nursing practice. Of those nurses who indicated an intention to return to active nursing practice, sixteen expected to return in less than one year, seven expected to return in one but less than two years, two expected to return in two but less than three years, four expected to return in three but less than five years, eleven expected to return in five but less than ten years, four expected to return in ten or more years, twenty-five were undecided as to when they expected to return, and two gave no response as to when they expected to return to active nursing practice.

Of those nurses who had never worked part-time, 51.4 per cent expected to return to active nursing practice. The largest number, thirty-four, were undecided as to when they expected to return to active nursing practice. The next largest number, seventeen, expected to return to active nursing practice in less than one year.

The percentage of the total population decreased as the number of years worked part-time increased. A greater percentage of the nurses who worked part-time less than ten years intended to return to active nursing practice.

The number of years the nurse worked part-time did not appear to have been a major determining factor in when the nurse expected to return to active nursing practice.

Whether return full-time or part-time or undecided - length of time inactive. Inactive nurses who expected to return to active nursing practice were asked to indicate whether they would return on a full-time basis, part-time basis, or if they were undecided. The total number of nurses who indicated they expected to return to active nursing practice were 369. Of these nurses, sixty-three (17.1 per cent) intended to return to active nursing practice on a full-time basis. One hundred forty-six (39.6 per cent) nurses intended to return to active nursing practice on a part-time basis. One hundred fifty-seven (47.5 per cent) were undecided as to whether they would return to active nursing practice on a full-time or part-time basis. Three (0.8 per cent) nurses gave no response.

Of the total responses tabulated, 104 (28.2 per cent) had been inactive less than one year. Of these nurses, twenty-two intended to return on a full-time basis, forty-seven intended to return on a part-time basis, and thirty-five were uncertain as to whether they intended to return on a full-time or a part-time basis.

One hundred twenty-three (33.2 per cent) nurses had been inactive one but less than three years. Of these nurses, twenty-four intended to return on a full-time basis, forty-one intended to return on a part-time basis, fifty-six were uncertain as to whether they intended to return on a full-time or a part-time basis, and two gave no response.

Forty-six (12.5 per cent) nurses had been inactive three but less than five years. Of these nurses, three intended to return on a full-time basis, twenty intended to return on a part-time basis, twenty-two were uncertain as to whether they intended to return on a full-time or a part-time basis, and one gave no response.

Sixty-three (17.1 per cent) nurses had been inactive five but less than ten years. Of these nurses, five intended to return on a full-time basis, twenty-four intended to return on a part-time basis, and thirty-four were uncertain as to whether they intended to return on a full-time or a part-time basis.

Twenty-nine (7.9 per cent) nurses had been inactive ten or more years. Of these nurses, seven intended to return on a full-time basis, thirteen intended to return on a part-time basis, and nine were uncertain as to whether they intended to return on a full-time or a part-time basis.

Four (1.1 per cent) nurses gave no response as to the number of years they had been inactive. Of these nurses, two intended to return on a full-time basis, one intended to return on a part-time basis, and one was uncertain as to whether they intended to return on a full-time or a part-time basis.

The greatest number of nurses were uncertain as to whether they would return to active nursing practice on a full-time or a part-time basis. Of those nurses who had been inactive less than one year or more than ten years, most intended to return to active nursing practice on a part-time basis. With these exceptions, the number of years the nurse had been inactive had no apparent influence on the nurse's decision to return to active nursing practice on a full-time or a part-time basis.

Positions held and returning positions - when return. Inactive nurses were asked to indicate all positions which they had held while working as a nurse for pay and which position they indicated they would most likely fill when they returned to active nursing practice. The total number of responses tabulated were 667.

Of the total responses tabulated, 553 nurses had previously held a position as a staff nurse. Of these nurses, 229 did not intend to return to active nursing practice and 324 did intend to return to active nursing practice. Of those nurses who indicated an intention to return to active nursing practice, 218 indicated they would be most likely to return as staff nurses, twenty-four indicated they would be most likely to return as head nurses, eleven indicated they would be most likely to return as supervisors, one indicated they would be most likely to return as a consultant, ten indicated they would be most likely to return to some other position not specified, thirty-nine were undecided as to the position to which they would be most likely to return, and twenty-one gave no response.

Three hundred twenty-two nurses had previously held a position as a head nurse. Of these nurses, 126 did not intend to return to active nursing practice, and 196 did intend to return to acitve nursing practice. Of those nurses who indicated an intention to return to active nursing practice, 107 indicated they would be most likely to return as staff nurses, twenty-eight indicated they would be most likely to return as head nurses, nine indicated they would be most likely to return as supervisors, eight indicated they would be most likely to return to some other position not specified, twenty-seven were undecided as to the position to which they would be most likely to return, and seventeen gave no response.

One hundred fifty-three nurses had previously held a position as a supervisor. Of these nurses, sixty-seven did not intend to return to active nursing practice and eighty-six did intend to return to active nursing practice. Of those nurses who indicated an intention to return to active nursing practice, forty-three indicated they would be most likely to return as staff nurses, seven indicated they would be most likely to return as head nurses, ten indicated they would be most likely to return as supervisors, three indicated they would be most likely to return to some other position not specified, fifteen were undecided as to the position to which they would be most likely to return, and eight gave no response.

Six nurses had previously held a position as a consultant. Of these nurses, four did not intend to return to active nursing practice and two did intend to return to active nursing practice. Of those nurses who

indicated an intention to return to active nursing practice, one indicated they would be most likely to return as a head nurse, and one was undecided as to the position to which they would be most likely to return.

Fifty-six nurses had previously held some other position not specified. Of these nurses, twenty-three did not intend to return to active nursing practice and thirty-three did intend to return to active nursing practice. Of those nurses who indicated an intention to return to active nursing practice, eleven indicated they would be most likely to return as staff nurses, one indicated they would be most likely to return as a head nurse, one indicated they would be most likely to return as a supervisor, seven indicated they would be most likely to return to some other position not specified, ten were undecided as to the position to which they would be most likely to return, and three gave no response.

Four nurses had previously held no position in nursing. Of these nurses, two did not intend to return to active nursing practice and two did intend to return to active nursing practice. Of those nurses who indicated an intention to return to active nursing practice, one indicated they would be most likely to return as a staff nurse, and one indicated they would be most likely to return to some other position not specified.

Forty-three nurses gave no response as to previous positions held. Of these nurses, twenty-six did not intend to return to active nursing practice and seventeen did intend to return to active nursing practice. Of those nurses who indicated an intention to return to active nursing

practice, seven indicated they would be most likely to return as staff nurses, one indicated they would be most likely to return as a head nurse, one indicated they would be most likely to return as a supervisor, four were undecided as to the position to which they would be most likely to return, and four gave no response.

On the average, inactive nurses held 1.7 positions during their professional nursing careers. More nurses who have at one time held staff nurse, head nurse, supervisor, and other positions not specified intended to return to active nursing practice than did not intend to return to active nursing practice. Of the nurses who previously held positions as consultants, twice as many did not intend to return to active nursing practice as did intend to return to active nursing practice.

Of those nurses who indicated they would be most likely to return to a staff nurse position, 93.5 per cent had previously held this position. Of those nurses who indicated they would be most likely to return to a head nurse position, 84.8 per cent had previously held this position. Of those nurses who indicated they would be most likely to return to a supervisory position, 76.9 per cent had previously held this position. The nurse who felt most likely to return to a consultative position had not held this position previously. Of those nurses who indicated they would be most likely to return to some other position not specified, 58.3 per cent had previously held some other position not specified. With the exception of the nurse who felt most likely to return to a consultative

position, more than half of the nurses had previously held the positions to which they indicated they would be most likely to return.

Of the 369 nurses who indicated an intention to return to active nursing practice, sixty-eight (18.4 per cent) expected to return in less than one year. Of these nurses, forty-one indicated they would be most likely to return as staff nurses, seven indicated they would be most likely to return as head nurses, two indicated they would be most likely to return as supervisors, three indicated they would be most likely to return to some other position not specified, seven were undecided as to the position to which they would be most likely to return and eight gave no response.

Thirty (8.1 per cent) nurses expected to return to active nursing practice in one but less than two years. Of these nurses, seventeen indicated they would be most likely to return as staff nurses, four indicated they would be most likely to return as head nurses, two indicated they would be most likely to return as supervisors, one indicated they would be most likely to return to some other position not specified, three were undecided as to the position to which they would be most likely to return, and three gave no response.

Twelve (3.3 per cent) nurses expected to return to active nursing practice in two but less than three years. Of these nurses, eight indicated they would be most likely to return as staff nurses, one indicated they would be most likely to return as a head nurse, one indicated they would be most likely to return as a consultant, one was undecided as to

the position to which they would be most likely to return, and one gave no response.

Twenty (5.4 per cent) nurses expected to return to active nursing practice in three but less than five years. Of these nurses, eleven indicated they would be most likely to return as staff nurses, three indicated they would be most likely to return as head nurses, two indicated they would be most likely to return to some other position not specified, and four were undecided as to the position to which they would be most likely to return.

Forty-six (12.5 per cent) nurses expected to return to active nursing practice in five but less than ten years. Of these nurses, twenty-seven indicated they would be most likely to return as staff nurses, six indicated they would be most likely to return as head nurses, one indicated they would be most likely to return as a supervisor, five were undecided as to the position to which they would be most likely to return, and seven gave no response.

Twenty (4.5 per cent) nurses expected to return to active nursing practice in ten or more years. Of these nurses, thirteen indicated they would be most likely to return as staff nurses, one indicated they would be most likely to return as a head nurse, three indicated they would be most likely to return as supervisors, two indicated they would be most likely to return to some other position not specified, and one was undecided as to the position to which they would be most likely to return.

One hundred sixty-six (45 per cent) nurses were undecided as to

when they expected to return to active nursing practice. Of these nurses, 112 indicated they would be most likely to return as staff nurses, ten indicated they would be most likely to return as head nurses, four indicated they would be most likely to return as supervisors, three indicated they would be most likely to return to some other position not specified, twenty-eight were undecided as to the position to which they would be most likely to return, and nine gave no response.

Seven (1.9 per cent) nurses gave no response as to when they expected to return to active nursing practice. Of these nurses, three indicated they would be most likely to return as staff nurses, one indicated they would be most likely to return as a head nurse, one indicated they would be most likely to return as a supervisor, one indicated they would be most likely to return to some other position not specified, and one gave no response.

The greatest number of nurses returning to active nursing practice indicated they would return to staff nurse positions. The least number of nurses indicated they would return to consultative positions. Of the nurses who were undecided as to what position they would return, 57.2 per cent were also undecided as to when they would return to active nursing practice.

Fields employed in and returning fields - when return. Inactive nurses were asked to indicate all fields of nursing in which they had been employed and to which field they indicated they would be most likely to return. The total number of responses tabulated were 667.

Of the total responses tabulated, 625 nurses had previously been employed in hospital nursing. Of these nurses, 278 did not intend to return to active nursing practice and 347 did intend to return to active nursing practice. Of those nurses who indicated an intention to return to active nursing practice, 230 indicated they would be most likely to return to hospital nursing, twenty-six indicated they would be most likely to return to private duty nursing, four indicated they would be most likely to return to public health nursing, fourteen indicated they would be most likely to return to nursing education, twenty-nine indicated they would be most likely to return to doctor's offices, one indicated they would be most likely to return to a nursing home, one indicated they would be most likely to return to some other field not specified, and forty-two were undecided as to which field of nursing they would be most likely to return.

Four hundred sixty-four nurses had previously been employed in private duty nursing. Of these nurses, 216 did not intend to return to active nursing practice and 248 did intend to return to active nursing practice. Of those nurses who indicated an intention to return to active nursing practice, 152 indicated they would be most likely to return to hospital nursing, twenty-five indicated they would be most likely to return to private duty nursing, four indicated they would be most likely to return to public health nursing, ten indicated they would be most likely to return to nursing education, twenty-two indicated they would be most likely to return to doctor's offices, one indicated they would be most

likely to return to a nursing home, one indicated they would be most likely to return to some other field not specified, and thirty-three were undecided as to which field of nursing they would be most likely to return.

Seventeen nurses had previously been employed in industrial nursing. Of these nurses, nine did not intend to return to active nursing practice and eight did intend to return to active nursing practice. Of those nurses who indicated an intention to return to active nursing practice, four indicated they would be most likely to return to hospital nursing, one indicated they would be most likely to return to private duty nursing, one indicated they would be most likely to return to public health nursing, one indicated they would be most likely to return to a doctor's office, and one was undecided as to which field of nursing they would be most likely to return.

Thirty-five nurses had previously been employed in public health nursing. Of these nurses, eighteen did not intend to return to active nursing practice and seventeen did intend to return to active nursing practice. Of those nurses who indicated an intention to return to active nursing practice, seven indicated they would be most likely to return to hospital nursing, three indicated they would be most likely to return to public health nursing, two indicated they would be most likely to return to nursing education, and five were undecided as to which field of nursing they would be most likely to return.

Thirty nurses had previously been employed in school nursing. Of

these nurses, fourteen did not intend to return to active nursing practice and sixteen did intend to return to active nursing practice. Of those nurses who indicated an intention to return to active nursing practice, nine indicated they would be most likely to return to hospital nursing, one indicated they would be most likely to return to private duty nursing, one indicated they would be most likely to return to public health nursing, two indicated they would be most likely to return to doctor's offices, and three were undecided as to which field of nursing they would be most likely to return.

Forty-eight nurses had previously been employed in nursing education. Of these nurses, sixteen did not intend to return to active nursing practice and thirty-two did intend to return to active nursing practice. Of those nurses who indicated an intention to return to active nursing practice, fifteen indicated they would be most likely to return to hospital nursing, two indicated they would be most likely to return to private duty nursing, seven indicated they would be most likely to return to nursing education, three indicated they would be most likely to return to doctor's offices, and five were undecided as to which field of nursing they would be most likely to return.

Two hundred twelve nurses had previously been employed in doctor's offices. Of these nurses, eighty-six did not intend to return to active nursing practice and 126 did intend to return to active nursing practice. Of those nurses who indicated an intention to return to active nursing practice, seventy-one indicated they would be most likely to

return to hospital nursing, six indicated they would be most likely to return to private duty nursing, two indicated they would be most likely to return to public health nursing, five indicated they would be most likely to return to nursing education, nineteen indicated they would be most likely to return to doctor's offices, one indicated they would be most likely to return to a nursing home, and twenty-two were undecided as to which field of nursing they would be most likely to return.

Twenty-five nurses had previously been employed in nursing homes. Of these nurses, eleven did not intend to return to active nursing practice and fourteen did intend to return to active nursing practice. Of those nurses who indicated an intention to return to active nursing practice, eight indicated they would be most likely to return to hospital nursing, three indicated they would be most likely to return to private duty nursing, one indicated they would be most likely to return to a doctor's office, and two were undecided as to which field of nursing they would be most likely to return.

Thirty-one nurses had previously been employed in some other field of nursing not specified. Of these nurses, seventeen did not intend to return to active nursing practice and fourteen did intend to return to active nursing practice. Of those nurses who indicated an intention to return to active nursing practice, seven indicated they would be most likely to return to hospital nursing, two indicated they would be most likely to return to private duty nursing, one indicated they would be most likely to return to public health nursing, one indicated they

would be most likely to return to nursing education, one indicated they would be most likely to return to a doctor's office, and two were undecided as to which field of nursing they would be most likely to return.

Four nurses had not been previously employed in nursing. Of these nurses, two did not intend to return to active nursing practice and two did intend to return to active nursing practice. Of those nurses who indicated an intention to return to active nursing practice, one indicated they would be most likely to return to hospital nursing, and one indicated they would be most likely to return to nursing education.

Ten nurses gave no response as to previous fields of employment. Of these nurses, three did not intend to return to active nursing practice and seven did intend to return to active nursing practice. Of those nurses who indicated an intention to return to active nursing practice, four indicated they would be most likely to return to hospital nursing, and three were undecided as to which field of nursing they would be most likely to return.

On the average, inactive nurses had been employed in 2.25 fields of nursing during their professional nursing careers. The greatest number of nurses had at some time been employed in hospital nursing. The data reveals that the nurses who had previously been employed in nursing education and doctor's offices were the most likely to return to active nursing practice. The nurses who had previously been employed in hospital nursing, private duty nursing, school nursing and nursing homes show a less definitive intention to return to active nursing practice.

Nurses who had previously been employed in industrial nursing, public health nursing, and other fields not specified are the least likely to return to active nursing practice.

Of those nurses who indicated they would be most likely to return to hospital nursing, 95.4 per cent had previously been employed in this field of nursing. Of those nurses who indicated they would be most likely to return to private duty nursing, 89.3 per cent had previously been employed in this field of nursing. Of those nurses who indicated they would be most likely to return to public health nursing, 60 per cent had previously been employed in this field of nursing. Of those nurses who indicated they would be most likely to return to nursing education, 43.75 per cent had previously been employed in this field of nursing. Of those nurses who indicated they would be most likely to return to doctor's offices, 59.4 per cent had previously been employed in this field of nursing. The nurse who felt most likely to return to a nursing home had not previously been employed in this field of nursing. The nurse who felt most likely to return to some other field not specified had not previously been employed in some other field of nursing not specified. With the exception of the nurses who indicated they would be most likely to return to nursing education, nursing homes, and some other field of nursing not specified; more than half of the nurses had previously been employed in the field of nursing to which they indicated they would be most likely to return.

Of the 369 nurses who indicated an intention to return to active

nursing practice, sixty-eight (18.4 per cent) expected to return in less than one year. Of these nurses, forty-one indicated they would be most likely to return to hospital nursing, six indicated they would be most likely to return to private duty nursing, two indicated they would be most likely to return to public health nursing, five indicated they would be most likely to return to nursing education, seven indicated they would be most likely to return to doctor's offices, one indicated they would be most likely to return to a nursing home, and six were undecided as to which field of nursing they would be most likely to return.

Thirty (8.1 per cent) nurses expected to return to active nursing practice in one but less than two years. Of these nurses, twenty-three indicated they would be most likely to return to hospital nursing, two indicated they would be most likely to return to private duty nursing, one indicated they would be most likely to return to public health nursing, one indicated they would be most likely to return to nursing education, one indicated they would be most likely to return to a doctor's office, and two were undecided as to which field of nursing they would be most likely to return.

Twelve (3.3 per cent) nurses expected to return to active nursing practice in two but less than three years. Of these nurses, ten indicated they would be most likely to return to hospital nursing, one indicated they would be most likely to return to nursing education, and one indicated they would be most likely to return to some other field of nursing not specified.

Twenty (5.4 per cent) nurses expected to return to active nursing practice in three but less than five years. Of these nurses, thirteen indicated they would be most likely to return to hospital nursing, one indicated they would be most likely to return to public health nursing, two indicated they would be most likely to return to nursing education, one indicated they would be most likely to return to a doctor's office, and three were undecided as to which field of nursing they would be most likely to return.

Forty-six (12.5 per cent) nurses expected to return to active nursing practice in five but less than ten years. Of these nurses, twenty-nine indicated they would be most likely to return to hospital nursing, two indicated they would be most likely to return to private duty nursing, two indicated they would be most likely to return to nursing education, eight indicated they would be most likely to return to doctor's offices, and five were undecided as to which field of nursing they would be most likely to return.

Twenty (4.5 per cent) nurses expected to return to active nursing practice in ten or more years. Of these nurses, ten indicated they would be most likely to return to hospital nursing, two indicated they would be most likely to return to private duty nursing, two indicated they would be most likely to return to nursing education, and six were undecided as to which field of nursing they would be most likely to return.

One hundred sixty-six (45 per cent) nurses were undecided as to when they expected to return to active nursing practice. Of these nurses,

108 indicated they would be most likely to return to hospital nursing, sixteen indicated they would be most likely to return to private duty nursing, one indicated they would be most likely to return to public health nursing, three indicated they would be most likely to return to nursing education, fifteen indicated they would be most likely to return to doctor's offices, and twenty-three were undecided as to which field of nursing they would be most likely to return.

Seven (1.9 per cent) nurses gave no response as to when they expected to return to active nursing practice. Of these nurses, seven indicated they would be most likely to return to hospital nursing.

The greatest number of nurses returning to active nursing practice indicated they would return to hospital nursing. The least number of nurses indicated they would return to a nursing home and some other field of nursing not specified. The second largest number of nurses indicated they would return to doctor's offices. Of the nurses who indicated they would most likely return to office nursing, 25 per cent indicated they would return in five but less than ten years.

Returning area of hospital nursing. Inactive nurses who indicated they would be most likely to return to hospital nursing were asked to indicate which area of hospital nursing they would choose. The total number of responses tabulated were 241. Of these nurses, twenty-eight (11.6 per cent) indicated a choice for medical nursing, forty-eight (19.9 per cent) indicated a choice for surgical nursing, fourteen (5.8 per cent) indicated a choice for medical-surgical nursing, twenty-one

(8.7 per cent) indicated a choice for pediatric nursing, forty-seven (19.5 per cent) indicated a choice for obstetrical nursing, five (2.1 per cent) indicated a choice for psychiatric nursing, fifteen (6.2 per cent) indicated a choice for operating room nursing, three (1.3 per cent) indicated a choice for out-patient department nursing, three (1.3 per cent) indicated a choice for emergency room nursing, eight (3.3 per cent) indicated a choice for some other area of hospital nursing not specified, and forty-nine (20.3 per cent) indicated they were undecided as to which area of hospital nursing they would choose.

The greatest number of nurses who indicated they would be most likely to return to hospital nursing were undecided as to which area of hospital nursing they would choose. The next largest numbers of nurses indicated they would choose surgical nursing and obstetrical nursing. The least number of nurses indicated they would choose outpatient department and emergency room nursing.

Undecided as to when expect to return. One hundred sixty-six (45 per cent) nurses, when asked to indicate when they expected to return to active nursing practice, responded that they were uncertain. One hundred fifty-four (92.6 per cent) of these nurses had been inactive less than ten years. One hundred forty-five (87.3 per cent) of these nurses were graduates of a hospital program. Ninety-seven (58.4 per cent) of these nurses had graduated from their basic nursing education program since 1950. One hundred forty-four (86.8 per cent) held no college degree and 22 (13.5 per cent) held a college degree. One hundred

fifty-eight (95.6 per cent) of these nurses were between the ages of twenty to forty-nine. One hundred fifty-five (93.5 per cent) of these nurses had one or more children. One hundred twenty (72.3 per cent) of these nurses had children under four years of age. One hundred twelve (66.9 per cent) of these nurses indicated they would be most likely to return to active nursing practice as staff nurses. One hundred eight (65.1 per cent) of these nurses indicated they would be most likely to return to hospital nursing. The greatest number (31.3 per cent) had worked full-time one but less than three years. The greatest number (25.9 per cent) had worked part-time less than one year.

Refresher course - length of time inactive. Inactive nurses were asked to indicate if they would like to participate in a program within the next twelve months that would orient them to current nursing practices. The total number of responses tabulated were 667.

Of the total responses tabulated, 133 (20 per cent) nurses had been inactive less than one year. Of these nurses, 104 intended to return to active nursing practice and twenty-nine did not intend to return to active nursing practice. Of those nurses who indicated an intention to return to active nursing practice, sixty-two desired a refresher course, thirty-five did not, and seven gave no response as to their desire for a refresher course. Of those nurses who indicated no intention to return to active nursing practice, eleven desired a refresher course, sixteen did not, and two gave no response as to their desire for a refresher course.

One hundred seventy-eight (26.7 per cent) nurses had been inactive

one but less than three years. Of these nurses, 123 intended to return to active nursing practice and fifty-five did not intend to return to active nursing practice. Of those nurses who indicated an intention to return to active nursing practice, seventy-one desired a refresher course, forty-four did not, and eight gave no response as to their desire for a refresher course. Of those nurses who indicated no intention to return to active nursing practice, nineteen desired a refresher course, twenty-nine did not, and seven gave no response as to their desire for a refresher course.

Ninety-one (13.6 per cent) nurses had been inactive three but less than five years. Of these nurses, forty-six intended to return to active nursing practice and forty-five did not intend to return to active nursing practice. Of those nurses who indicated an intention to return to active nursing practice, twenty-six desired a refresher course, eighteen did not, and two gave no response as to their desire for a refresher course. Of those nurses who indicated no intention to return to active nursing practice, eighteen desired a refresher course, twenty-two did not, and five gave no response as to their desire for a refresher course.

One hundred thirty-seven (20.5 per cent) nurses had been inactive five but less than ten years. Of these nurses, sixty-three intended to return to active nursing practice and seventy-four did not intend to return to active nursing practice. Of those nurses who indicated an intention to return to active nursing practice, thirty desired a refresher course, twenty-six did not, and seven gave no response as to their desire

for a refresher course. Of those nurses who indicated no intention to return to active nursing practice, twenty-six desired a refresher course, thirty-eight did not, and ten gave no response as to their desire for a refresher course.

One hundred sixteen (17.4 per cent) nurses had been inactive ten or more years. Of these nurses, twenty-nine intended to return to active nursing practice and eighty-seven did not intend to return to active nursing practice. Of those nurses who indicated an intention to return to active nursing practice, thirteen desired a refresher course, ten did not, and six gave no response as to their desire for a refresher course. Of those nurses who indicated no intention to return to active nursing practice, twenty-one desired a refresher course, fifty-one did not, and fifteen gave no response as to their desire for a refresher course.

Twelve (1.8 per cent) nurses gave no response as to the length of time they had been inactive. Of these nurses, four intended to return to active nursing practice and eight did not intend to return to active nursing practice. Of those nurses who indicated an intention to return to active nursing practice, two desired a refresher course, one did not, and one gave no response as to their desire for a refresher course. Of those nurses who indicated no intention to return to active nursing practice, one desired a refresher course, five did not, and two gave no response as to their desire for a refresher course.

Of those nurses who indicated an intention to return to active nursing practice, 204 (55.3 per cent) desired a refresher course and 134 (36.3 per cent) did not desire a refresher course. However, the number of years the nurses had been inactive did not appear to have been a major determining factor in their desire for a refresher course.

Of those nurses who indicated no intention to return to active nursing practice, ninety-six (32.3 per cent) desired a refresher course and 161 (54 per cent) did not desire a refresher course. With the exception of those nurses who had been inactive three but less than five years, the longer the nurses had been inactive the less likely they were to desire a refresher course.

Refresher course - year of graduation. The inactive nurse's desire for a refresher course was tabulated against the year of graduation from their basic nursing education program. The total number of responses tabulated were 667.

Of the total responses tabulated, nine (1.3 per cent) nurses graduated from their basic nursing education program prior to 1920. Of these nurses, one intended to return to active nursing practice and eight did not intend to return to active nursing practice. The nurse that indicated an intention to return to active nursing practice desired a refresher course. Of those nurses who indicated no intention to return to active nursing practice, two desired a refresher course, four did not, and two gave no response as to their desire for a refresher course.

Forty-seven (7 per cent) nurses graduated from their basic nursing

education program between the years of 1920 and 1929. Of these nurses, thirteen intended to return to active nursing practice and thirty-four did not intend to return to active nursing practice. Of those nurses who indicated an intention to return to active nursing practice, seven desired a refresher course, four did not, and two gave no response as to their desire for a refresher course. Of those nurses who indicated no intention to return to active nursing practice, ten desired a refresher course, eighteen did not, and six gave no response as to their desire for a refresher course.

Ninety-six (14.4 per cent) nurses graduated from their basic nursing education program between the years of 1930 and 1939. Of these nurses, thirty-two intended to return to active nursing practice and sixty-four did not intend to return to active nursing practice. Of those nurses who indicated an intention to return to active nursing practice, nineteen desired a refresher course, ten did not, and three gave no response as to their desire for a refresher course. Of those nurses who indicated no intention to return to active nursing practice, eleven desired a refresher course, forty-one did not, and twelve gave no response as to their desire for a refresher course.

Eighty-eight (13.2 per cent) nurses graduated from their basic nursing education program between the years of 1940 and 1944. Of these nurses, forty-two intended to return to active nursing practice and forty-six did not intend to return to active nursing practice. Of those nurses who indicated an intention to return to active nursing

practice, twenty-two desired a refresher course, sixteen did not, and four gave no response as to their desire for a refresher course. Of those nurses who indicated no intention to return to active nursing practice, fifteen desired a refresher course, twenty-four did not, and seven gave no response as to their desire for a refresher course.

One hundred thirty-two (19.2 per cent) nurses graduated from their basic nursing education program between the years of 1945 and 1949. Of these nurses, seventy-one intended to return to active nursing practice and sixty-one did not intend to return to active nursing practice. Of those nurses who indicated an intention to return to active nursing practice, thirty-eight desired a refresher course, twenty-six did not, and seven gave no response as to their desire for a refresher course. Of those nurses who indicated no intention to return to active nursing practice, nineteen desired a refresher course, thirty-six did not, and six gave no response as to their desire for a refresher course.

One hundred fifty-one (22.7 per cent) nurses graduated from their basic nursing education program between the years of 1950 and 1954. Of these nurses, 105 intended to return to active nursing practice and forty-six did not intend to return to active nursing practice. Of those nurses who indicated an intention to return to active nursing practice, sixty-one desired a refresher course, thirty-nine did not, and five gave no response as to their desire for a refresher course. Of those nurses who indicated no intention to return to active nursing practice, twenty-three desired a refresher course, twenty did not, and

three gave no response as to their desire for a refresher course.

One hundred nineteen (17.8 per cent) nurses graduated from their basic nursing education program between the years of 1955 and 1959. Of these nurses, ninety intended to return to active nursing practice and twenty-nine did not intend to return to active nursing practice. Of those nurses who indicated an intention to return to active nursing practice, fifty-two desired a refresher course, thirty-three did not, and five gave no response as to their desire for a refresher course. Of those nurses who indicated no intention to return to active nursing practice, sixteen desired a refresher course, eleven did not, and two gave no response as to their desire for a refresher course.

Ten (1.5 per cent) nurses graduated from their basic nursing education program in 1960. Of these nurses, nine intended to return to active nursing practice and one did not intend to return to active nursing practice. Of those nurses who indicated an intention to return to active nursing practice, two desired a refresher course, six did not, and one gave no response as to their desire for a refresher course. The nurse who indicated no intention to return to active nursing practice did not desire a refresher course.

Fifteen (2.2 per cent) nurses gave no response as to the year they graduated from their basic nursing education program. Of these nurses, six intended to return to active nursing practice and nine did not intend to return to active nursing practice. Of those nurses who indicated an intention to return to active nursing practice, two desired a refresher

course, and four gave no response as to their desire for a refresher course. Of those nurses who indicated no intention to return to active nursing practice, six did not desire a refresher course and three gave no response as to their desire for a refresher course.

There is no indication of how long the nurses had been inactive in the nursing profession in relation to year of graduation from their basic nursing education program; nor what type if any, further education had been completed since the nurses graduation from their basic nursing education program.

Of those nurses who indicated an intention to return to active nursing practice, 204 (55.3 per cent) desired a refresher course and 134 (36.3 per cent) did not desire a refresher course. Sixty-four and four tenths per cent of the nurses who graduated from their basic nursing education in 1960 did not desire a refresher course. With this exception, the year of graduation from basic nursing education program did not appear to have been a major determining factor in the nurse's desire to be oriented to current nursing practices.

Of those nurses who indicated no intention to return to active nursing practice, ninety-six (32.3 per cent) desired a refresher course and 161 (54 per cent) did not desire a refresher course. Fifty-eight and seven tenths per cent of the nurses who graduated from their basic nursing education between the years of 1950 and 1959 desired a refresher course. With this exception, the year of graduation from basic nursing education program did not appear to have been a major determining

factor in the nurse's desire to be oriented to current nursing practices.

Refresher course - when return. The inactive nurse's desire for a refresher course was tabulated against when they expected to return to active nursing practice. The total number of responses tabulated were 369.

Of the total responses tabulated, sixty-eight (18.4 per cent) expected to return in less than one year. Of these nurses, forty-four desired a refresher course, nineteen did not, and five gave no response as to their desire for a refresher course.

Thirty (8.1 per cent) nurses expected to return in one but less than two years. Of these nurses, sixteen desired a refresher course, twelve did not, and two gave no response as to their desire for a refresher course.

Twelve (3.3 per cent) nurses expected to return in two but less than three years. Of these nurses, six desired a refresher course, four did not, and two gave no response as to their desire for a refresher course.

Twenty (5.4 per cent) nurses expected to return in three but less than five years. Of these nurses, twelve desired a refresher course, six did not, and two gave no response as to their desire for a refresher course.

Forty-six (12.5 per cent) nurses expected to return in five but less than ten years. Of these nurses, seventeen desired a refresher course, twenty-four did not, and five gave no response as to their desire for a

refresher course.

Twenty (5.4 per cent) nurses expected to return in ten or more years. Of these nurses, five desired a refresher course, and fifteen did not desire a refresher course.

One hundred sixty-six (45 per cent) nurses were undecided as to when they expected to return to active nursing practice. Of these nurses, 102 desired a refresher course, fifty-two did not, and twelve gave no response as to their desire for a refresher course.

Seven (1.9 per cent) nurses gave no response as to when they expected to return to active nursing practice. Of these nurses, two desired a refresher course, two did not, and three gave no response as to their desire for a refresher course.

Most of the nurses who expected to return to active nursing practice in less than five years desired a refresher course. Most of the nurses who expected to return to active nursing practice in five or more years did not desire a refresher course. The greatest number of nurses were undecided as to when they expected to return to active nursing practice. Most of these nurses desired a refresher course.

Participation in a program that would orient the nurse to current nursing practices was limited by the questionnaireto the next twelve months. There was no indication given as to whether the nurses who expected to return to active nursing practice in more than one year will change their desire to participate in a refresher course when they seek employment.

Refresher course - return in twenty-four months - returning field. The desire to participate in a refresher course by those inactive nurses who expected to return to active nursing practice in twenty-four months or less was tabulated against the field to which they indicated they would be most likely to return. The total number of responses tabulated were ninety-eight.

Of the total responses tabulated, sixty-four (65.2 per cent) nurses indicated they would be most likely to return to hospital nursing. Of these nurses, forty-one desired a refresher course, eighteen did not, and five gave no response as to their desire for a refresher course.

Eight (8.2 per cent) nurses indicated they would be most likely to return to private duty nursing. Of these nurses, seven desired a refresher course, and one did not desire a refresher course.

Three (3.1 per cent) nurses indicated they would be most likely to return to public health nursing. Of these nurses, two desired a refresher course and one did not desire a refresher course.

Six (6.1 per cent) nurses indicated they would be most likely to return to nursing education. Of these nurses, four desired a refresher course, one did not, and one gave no response as to their desire for a refresher course.

Eight (8.2 per cent) nurses indicated they would be most likely to return to doctor's offices. Of these nurses, two desired a refresher course and six did not desire a refresher course.

One (1 per cent) nurse felt most likely to return to a nursing home.

This nurse indicated a desire for a refresher course.

Eight (8.2 per cent) nurses were undecided as to the field of nursing to which they would be most likely to return. Of these nurses, three desired a refresher course, four did not, and one gave no response as to their desire for a refresher course.

Of the nurses who indicated an intention to return to active nursing practice in twenty-four months or less, sixty (61.2 per cent) desired a refresher course, thirty-one (31.6 per cent) did not, and seven (7.1 per cent) gave no response as to their desire for a refresher course.

Of the nurses who indicated they would be most likely to return to doctor's offices, 75 per cent did not desire a refresher course. Of the nurses who were undecided as to what field of nursing they would be most likely to return, 50 per cent did not desire a refresher course.

The nurse who felt most likely to return to a nursing home indicated a desire for a refresher course. Of the nurses who indicated they would be most likely to return to private duty nursing, 87.5 per cent desired to orient themselves to current nursing practices within the next twelve months.

Refresher course - not return - number of years worked full-time. The desire to participate in a refresher course by those inactive nurses who did not intend to return to active nursing practice was tabulated against the number of years they had worked full-time. The total number of responses tabulated were 298.

Of the total responses tabulated, ten (3.4 per cent) nurses had never worked full-time. Of these nurses, five desired a refresher course and five did not desire a refresher course.

Thirty-three (11.1 per cent) nurses had worked full-time less than one year. Of these nurses, eleven desired a refresher course, twenty-one did not, and one gave no response as to their desire for a refresher course.

Seventy-one (23.7 per cent) nurses had worked full-time one but less than three years. Of these nurses, thirty-two desired a refresher course, twenty-six did not, and thirteen gave no response as to their desire for a refresher course.

Fifty-eight (19.5 per cent) nurses had worked full-time three but less than five years. Of these nurses, fifteen desired a refresher course, thirty-seven did not, and six gave no response as to their desire for a refresher course.

Fifty-seven (19.1 per cent) nurses had worked full-time five but less than ten years. Of these nurses, nineteen desired a refresher course, twenty-eight did not, and ten gave no response as to their desire for a refresher course.

Fifty (16.8 per cent) nurses had worked full-time ten or more years. Of these nurses, eleven desired a refresher course, thirty-two did not, and seven gave no response as to their desire for a refresher course.

Nineteen (6.4 per cent) gave no response as to the number of years they had worked full-time. Of these nurses, three desired a

refresher course, twelve did not, and four gave no response as to their desire for a refresher course.

Of those nurses who indicated no intention to return to active nursing practice, ninety-six (32.2 per cent) desired a refresher course, 161 (54 per cent) did not, and forty-one (13.8 per cent) gave no response as to their desire for a refresher course.

Of the nurses who had never worked full-time, equal numbers indicated a desire to be and not to be oriented to current nursing practices in the next twelve months. Of the nurses who had worked full-time one but less than three years most indicated a desire to be oriented to current nursing practices in the next twelve months. With these exceptions, the greatest percentage of all other respondents indicated no desire to be oriented to current nursing practices in the next twelve months.

Total nurses who intend to return in twenty-four months or less. The responses to selected questions of those inactive nurses who expected to return to active nursing practice in twenty-four months or less were tabulated. The total number of respondents included in the tabulations were ninety-eight.

Intend to return in twenty-four months - length of time inactive. Of these respondents, thirty-nine (39.8 per cent) had been inactive less than one year, thirty-nine (39.8 per cent) had been inactive one but less than three years, four (4.1 per cent) had been inactive three but less than five years, seven (7.1 per cent) had been inactive five but less than ten

years, eight (8.2 per cent) had been inactive ten or more years, and one (1 per cent) gave no response as to the number of years they had been inactive.

Intend to return in twenty-four months - number of years worked full-time. Of the ninety-eight respondents, two (2 per cent) had never worked full-time, eleven (11.2 per cent) had worked full-time less than one year, twenty-seven (27.6 per cent) had worked full-time one but less than three years, eighteen (18.4 per cent) had worked full-time three but less than five years, seventeen (17.3 per cent) had worked full-time five but less than ten years, sixteen (16.3 per cent) had worked full-time ten or more years, and seven (7.2 per cent) gave no response as to the number of years they had worked full-time.

Intend to return in twenty-four months - number of years worked part-time. Of the ninety-eight respondents, twenty-three (23.5 per cent) had never worked part-time, twenty-six (26.5 per cent) had worked part-time less than one year, thirteen (13.2 per cent) had worked part-time one but less than three years, six (6.1 per cent) had worked part-time three but less than five years, three (3.1 per cent) had worked part-time five but less than ten years, four (4.1 per cent) had worked part-time ten or more years, and twenty-three (23.5 per cent) gave no response as to the number of years they had worked part-time.

Intend to return in twenty-four months - returning position. Of the ninety-eight respondents, fifty-eight (59.2 per cent) indicated they would be most likely to return as staff nurses, eleven (11.2 per cent) indicated

they would be most likely to return as head nurses, four (4.1 per cent) indicated they would be most likely to return as supervisors, four (4.1 per cent) indicated they would be most likely to return to some other position not specified, ten (10.2 per cent) were undecided as to what position they would be most likely to return, and eleven (11.2 per cent) gave no response as to what position they felt they would be most likely to return.

Of those nurses who intended to return to active nursing practice in twenty-four months or less, 78.5 per cent had been inactive less than three years.

Of those nurses who intended to return to active nursing practice in twenty-four months or less 79.6 per cent had been employed full-time one to ten or more years. The least number of respondents, two had never been employed full-time.

Of those nurses who intended to return to active nursing practice in twenty-four months or less, 63.2 per cent had been employed part-time less than three years.

Of those nurses who intended to return to active nursing practice in twenty-four months or less, over one half (59.2 per cent) intended to return as staff nurses.

Intend to return in twenty-four months - comparison between previous fields and positions with returning fields and positions. A comparison was made between previous fields of employment and fields of employment to which the ninety-eight respondents indicated they would be

most likely to return; and previous positions held and positions to which the ninety-eight respondents indicated they would be most likely to return.

Sixty-six (67.3 per cent) responses showed agreement between previous positions held and positions most likely to return. Fifteen (15.3 per cent) responses showed no agreement between previous positions held and positions to which the nurses indicated they would be most likely to return. Seventeen (17.4 per cent) gave no response.

Seventy-five (76.5 per cent) responses showed agreement between previous fields of employment and fields to which the nurses indicated they would be most likely to return. Twenty (20.4 per cent) responses showed no agreement between previous fields of employment and fields to which the nurses indicated they would be most likely to return. Three (3.1 per cent) gave no response.

Most respondents showed an agreement between both previous fields and positions and returning fields and positions.

CHAPTER IV

SUMMARY CONCLUSIONS AND RECOMMENDATIONS

The problem which this study investigated was stated: What was the educational preparation of the registered professional nurse in the state of Montana and how did they describe their present employment classification and future plans for education and career?

The section of the study dealing with nurses who were not gainfully employed in nursing was concerned with six purposes. The first was to determine the personal background of the nurses, particularly those areas which affected the nurses' employment classification. Second, the study was to determine the academic preparation of the nurses. Third, the study was to determine the future educational plans of the nurses. Fourth, the study was to determine the nurses' present employment classification and future career goals. Fifth, the study was to ascertain the length of time since the inactive nurses were gainfully employed in the nursing profession. The last purpose, of this section of the study, was to determine the employment history of inactive nurses.

Data necessary to do this section of the study were collected through the use of a questionnaire which was sent to professional nurses registered as inactive with the Montana State Board of Nursing and having Montana addresses. Questionnaires returned by 667 respondents were used for tabulation.

From the survey, it was found that 92.7 per cent of the inactive

nurses were married. Most of the nurses (87.5 per cent) who were inactive had one or more children. The youngest child of 62 per cent of the respondents was four years of age or younger. The greatest number of inactive nurses were between the ages of thirty and thirty-nine. This age range is considered to be within the childbearing and childrearing years. The percentage of the nurses responding decreased as the age of the nurses increased. The most important consideration which influenced the nurses to retire from active nursing practice was the belief that a mother should be in the home when the children are young. The most important influencing factor in the nurses' decision to remain inactive was the preference of the husband that the wife not work. Marriage and the resulting family and home responsibilities seemed to have been an important influence in the decision of the nurses to retire from active nursing practice.

The findings of this study indicated that most inactive nurses (60.4 per cent) graduated from their basic nursing education program between the years of 1945 and 1959. Most of the inactive nurses (87.9 per cent) were graduated from hospital programs. Of the registered inactive nurses, 84.7 per cent held no college degree, 12.8 per cent held baccalaureate degrees and 0.7 per cent held masters degrees. No respondents indicated that they held a college degree higher than a masters degree.

It was determined that, of the nurses who indicated highest level position held, 44.5 per cent were educationally qualified to have held

these positions, and 19.8 per cent were not educationally qualified to have held these positions. It was not possible to determine if 35.7 per cent of the nurses were educationally qualified to have held their highest level position because information about short-term educational preparation was not obtained.

The study revealed that, of the nurses who intended to return to active nursing practice, 55.3 per cent indicated a desire to participate in a refresher course within the next twelve months and 36.3 per cent indicated no desire to participate in a refresher course within the next twelve months. The number of years the nurse had been inactive did not appear to have been a major determining factor in the nurses' desire for a refresher course within the next twelve months.

Of the nurses who intended to return to active nursing practice and were graduated from basic nursing education programs in 1960, 64.4 per cent did not desire a refresher course within the next twelve months. The nurse who graduated prior to 1920 and intended to return to active nursing practice indicated a desire for a refresher course within the next twelve months. With these exceptions the year of graduation from basic nursing education program did not appear to have been a determining factor in the nurses' desire for a refresher course within the next twelve months.

Most of the nurses who expected to return to active nursing practice in less than five years desired a refresher course within the next twelve months. Most of the nurses who expected to return to active

nursing practice in five or more years did not desire a refresher course within the next twelve months.

Of the nurses who expected to return to active nursing practice within the next twenty-four months, 61.2 per cent indicated a desire for a refresher course within the next twelve months.

Of the nurses who indicated they would be most likely to return to doctor's offices, 75 per cent did not desire a refresher course within the next twelve months. Further study of this group of nurses seems indicated to reveal a more detailed picture of their desire for a refresher course, not limited to within the next twelve months, since 25 per cent of the nurses who intended to return to office nursing expected to return in five but less than ten years.

Of the nurses who indicated they would be most likely to return to private duty nursing in twenty-four months of less, 87.5 per cent desired to orient themselves to current nursing practices within the next twelve months.

Of the nurses who did not intend to return to active nursing practice, 32.3 per cent indicated a desire to participate in a refresher course within the next twelve months and 54 per cent indicated no desire to participate in a refresher course within the next twelve months.

With the exception of the nurses who had been inactive in the nursing profession three but less than five years, the longer the nurses had been inactive in the profession the less likely they were to desire a refresher course within the next twelve months.

Of the nurses who did not intend to return to active nursing practice, the greatest percentage indicated no desire for a refresher course in the next twelve months with the exceptions of those nurses who had never worked full-time or had worked full-time less than three years. It is recommended that the nurses who did not intend to return to active nursing practice but desired a refresher course within the next twelve months be studied in more detail. This group of nurses, through the use of a recruitment program, may change their intention to return to active nursing practice. This group would also constitute a primary nursing resource, after completion of a refresher course, in a case of extreme nursing need.

Of the nurses who intended to return to active nursing practice, 55.3 per cent desired a refresher course within the next twelve months. This percentage increased to 61.2 per cent when computed only for the selected group of nurses who expected to return to active nursing practice in the next twenty-four months. This data indicated that more nurses might be expected to desire a refresher course as the time decreased within which they expected to return to active nursing practice.

In view of the findings of this study, it is recommended that refresher courses be offered at regular intervals.

Findings indicated that the marital status of the inactive nurse was not a major influence on whether the nurse expected to return to active nursing practice. Nurses who had no children were the least likely to return and nurses with five or more children were the most

likely to return. Nurses who indicated they had children four years of age or younger were the most likely to return and nurses with children twenty years of age or older were the least likely to return. As the nurse gets older the less likely she was to indicate an intention to return to active nursing practice.

The greater the length of time since graduation and the greater the length of time inactive the less likely the nurses were to return to active nursing practice.

The higher the college degree the nurses held, the more likely they were to return to active nursing practice.

As the number of years the nurse worked full-time or part-time increased the less likely they were to return to active nursing practice.

Nurses previously employed in nursing education and office nursing showed a strong intention to return to active nursing practice.

Twice as many nurses who had at one time held consultative positions did not intend to return to active nursing practice as did intend to return. Most nurses who had at one time held other types of positions indicated an intention to return to active nursing practice.

Findings indicated that some of the following factors had an influence on when the nurse expected to return to active nursing practice.

With the exception of the nurses who had children four years of age or younger, the older the youngest child the sooner the nurse expected to return to active nursing practice. Of the nurses who intended to return in less than one year, 83 per cent had been inactive less than

three years. Nurses who had been inactive in the profession the shortest length of time expected to return to active nursing practice in the shortest length of time.

The type of basic nursing education program from which the inactive nurse was graduated, the year of graduation from basic nursing education program, and the college degree held did not appear to have been a major determining factor in when the nurse expected to return to active nursing practice.

The number of years the nurse worked full-time and the number of years the nurse worked part-time did not appear to have been a major determining factor in when the nurse expected to return to active nursing practice.

The greatest number of inactive nurses who expected to return to active nursing practice were undecided as to when they would return. This group should be studied to provide further information as to reasons for being inactive and conditions under which they would return to active nursing practice. A recruitment program may be needed to help them decide when they could return to active nursing practice. If no program is available to assist these nurses in planning for their future career, this group may be lost to the "do not intend to return" status.

The data revealed that few nurses expected to return to active nursing practice in two to three years. This may indicate a shortage of nurses may exist in 1963 and 1964 if this gap is not filled by other

nurses.

Of the inactive nurses who intended to return to active nursing practice, 17.1 per cent intended to return on a full-time basis and 39.5 per cent intended to return on a part-time basis. The largest group (47.5 per cent) were uncertain as to the basis on which they would return to active nursing practice.

Of the nurses who had been inactive less than one year or more than ten years, and intended to return to active nursing practice, most intended to return on a part-time basis. With this exception, the number of years the nurse had been inactive was no apparent influence on whether the nurse intended to return to active nursing practice on a full-time or part-time basis.

More than half of the nurses had previously been employed in the field of nursing to which they indicated they would be most likely to return, with the exception of the nurses who indicated they were most likely to return to nursing education, nursing homes, and some other field of nursing not specified.

The greatest number of nurses returning to active nursing practice indicated they would return to hospital nursing. The least number of nurses returning to active nursing practice indicated they would return to nursing homes and some other field not specified. Of the nurses returning to hospital nursing, the greatest number were undecided as to the area to which they would return. The second largest groups indicated they would return to surgical and obstetrical nursing. The least

number of nurses indicated they would return to out-patient and emergency room nursing.

The greatest number of nurses returning to active nursing practice indicated they would return to staff nurse positions. The least number of nurses indicated they would return to consultative positions. More than one half of the nurses had previously held the position to which they felt they would be most likely to return.

From the data it was determined that the greatest number of the nurses had been inactive less than three years.

As the number of years the nurse had been inactive in the profession increased the greater the percentage of nurses who did not intend to return to active nursing practice.

Through the survey it was determined that of these nurses who had never worked full-time, 61.5 per cent expected to return to active nursing practice. One-half of the nurses who had never worked full-time had been inactive less than one year.

Of those nurses who had never worked part-time, 51.4 per cent expected to return to active nursing practice. Over one-half of the nurses who had been employed part-time during their professional nursing career, regardless of the number of years, had been inactive less than three years. As the number of years the nurse had been inactive increased, the number of years they had worked part-time decreased. This finding bears out the statement that part-time nursing is a relatively new employment category.

The percentage of the total population sampled decreased as the number of years worked part-time increased.

On the average, inactive nurses held 1.7 types of positions during their professional careers. The greatest number had at some time held a staff-nurse position. This might be expected since there are more staff nurse positions available than any other type of positions.

On the average, inactive nurses had been employed in 2.25 fields of nursing during their professional careers. The greatest number had been employed in hospital nursing at some time. This might be expected since hospitals employ the greatest number of nurses.

It is recommended that the findings of the surveys of the three groups of professional nurses be reviewed as a whole to reveal trends of nurses which are taking place in the state of Montana.

APPENDIX

MONTANA NURSES' ASSOCIATION

1409 HELENA AVENUE, HELENA, MONTANA

January 16, 1961

Minutes

JOINT COMMITTEE ON RESEARCH

MNA MLN

On January 16, 1961 a joint meeting was held of the MNA-MLN Committees on Research.

MEMBERS PRESENT

MNA President - Wava L. Dixon
MNA Committee on Research and Studies:
Sister Mary Jerome
Herva Simpson
Esmer King
Sister Mary Clemetine
MLN President - Rita Darragh
MLN Committee on Nursing Needs and Resources:
Phyllis McDonald
Anna P. Sherrick
Miss Anne T. Beckwith, Montana Board of Nursing
Mrs. Mary Munger, Executive Secretary, MNA

Mrs. Munger presided at the meeting and explained that the meeting was called to prepare for a visit from Miss Lois Gordner of the Division of Nursing Resources, U. S. Public Health Service. Miss Gordner will visit Montana March 20th to assist the nursing organization develop a plan for a statewide survey on Nursing Needs and Resources.

Mrs. Munger explained that the purpose of this meeting was to decide what information the organizations wanted to obtain through such a survey. Those in attendance divided into two groups and submitted the following suggestions for the scope of the survey:

Group I

Purpose: To determine nursing needs and resources in Montana

Facts We Need to Know:

1. Number of Nurses in Montana:

a. Active - where - geographical location
b. Inactive - why
c. Availability - for emergency - for employment

2. Qualifications:

a. Educational
b. Professional
c. Personal - age, sex, married, etc.

3. Employment:

a. Number of nursing positions in Montana
Filled?
Unfilled?
How the employer is meeting the gap between filled and unfilled positions?
b. Proportion of professional to practical nurses and nurses aides.
c. Duties of nursing personnel in each category.
d. Employment policies - wages, fringe benefits, etc.
e. Staff turn-over - reasons for this.
f. What do the employers expect of the professional nurse, the practical nurse, nurse aide and the new graduate.
g. Extent of inservice education and does employer allow for educational leaves.

4. Students:

a. Number of students enrolled and graduated. (Professional and practicals from professional and practical nurse schools in the state.)
b. Attrition rates and why.
c. Potential students based on high school records and census records.
d. Number of newly registered graduates who become employed in Montana.
e. Kinds or types of jobs newly registered graduates take and their level of preparation.
f. Number and type of nursing programs.

Areas identified by group from where this information could be obtained,

1. Hospitals
2. Public Health Agencies & State Board of Health
3. Doctor's offices
4. Schools of Nursing
5. Nursing Homes
6. Industry
7. Nurses' Registries

Group II

Resources: Definition - What We Have Now?

1. Number of nurses employed. Where? What position?

2. Number of Schools of Nursing?

   a. Types of Programs?
   b. Number of students enrolled?
   c. How many could they enroll with present facilities and staff?

3. What are the qualifications of nursing personnel presently employed? (A cross section sample)

4. Number and qualification of unemployed nurses?

   a. What is the reason they are not working?

5. What are employers doing to close the gap between supply and demand for number and quality?

6. What are nurses doing?

7. What administrative methods are they using?

8. What is the quality of nursing care?

   a. Nurses view
   b. Patients view
   c. Doctors view
   d. Special study

9. What is the geographical distribution of nurses?

NEEDS:

1. How many budgeted positions are not filled?

2. If all budgeted positions are filled would needs be met?

3. Question 8-d?

4. What does the employer expect of the new graduate?

   a. Does the new graduate meet their expectations?
   b. Special study?

5. How much up-dating is required to prepare presently employed nurses for their job?

SPECIAL STUDIES:

1. What do nurses want to do on the job and what are they required to do?

2. The whole administrative structure of nursing service today?

After review of the separate group suggestions it was agreed that these should be copied and sent to all those in attendance and to the boards of directors for both organizations.

It was further agreed that the student's at Montana State College could do research on any of the suggestions presented and could perhaps develop research techniques which could be helpful in actually conducting a state survey. It was explained that such student projects would probably be limited to Bozeman or the near vicinity.

Submitted by

Mary D. Munger

2/10/61/pkm

NURSING NEEDS AND RESOURCES SURVEY

1409 HELENA AVENUE, HELENA, MONTANA

May 1, 1961

Dear Registered Nurse:

In view of the increasing demands for professional nurses, it is important to determine the facts about the present or future availability of inactive nurses. It is the plan of the nursing organizations in Montana, the Montana Nurses' Association and the Montana League for Nursing, to obtain this information through distribution, collection and tabulation of the attached survey form. This is being send to all nurses currently registered in the state but who are listed as inactive.

Will you please complete the form at your earliest convenience and return it in the enclosed envelope?

We need and would appreciate your assistance.

Sincerely,

(Mrs.) Mary D. Munger, R.N.
Acting Director,
Joint Survey Project

MDM/pkm

NURSING NEEDS AND RESOURCES SURVEY

1409 HELENA AVENUE, HELENA, MONTANA

June 7, 1961

Dear Registered Nurse:

On May 4th, 1961 a form entitled "Inactive Professional Nurse Questionnaire" was sent to you as part of a statewide survey on nursing needs and resources. As yet we have not received your reply.

In the event that the original form was lost, we are enclosing another copy with a self-addressed envelope for your convenience. In order to obtain a true picture of Montana's registered nurse supply we are striving for 100% return on the questionnaires. You can help us achieve this goal by completing the form and returning it to this office.

If you are employed either full or part-time it is only necessary for you to check this item on the first page of the questionnaire and return that page to us. Nurses working full or part-time will be sent a similar questionnaire in the future.

Thank you.

Sincerely,

(Mrs.) Mary D. Munger, R.N.
Acting Director
Joint Survey Project

MDM/pkm

NURSING NEEDS AND RESOURCES SURVEY

1409 HELENA AVENUE, HELENA, MONTANA

June 19, 1961

Dear Registered Nurse:

In view of the increasing demands for professional nurses, it is important to determine the facts about the present or future availability of all nurses. It is the plan of the nursing organizations in Montana, the Montana Nurses' Association and the Montana League for Nursing, to obtain this information through distribution, collection and tabulation of the attached survey form. This is being sent to all nurses currently registered in the state who are listed as part-time workers.

Will you please complete the form at your earliest convenience and return it in the enclosed envelope?

We need and would appreciate your assistance.

Sincerely,

(Mrs.) Mary D. Munger, R.N.
Acting Director
Joint Survey Project

MDM/pkm

NURSING NEEDS AND RESOURCES SURVEY

1409 HELENA AVENUE, HELENA, MONTANA

August 31, 1961

Dear Registered Nurse:

On August 2, 1961, a form entitled "Questionnaire for Professional Nurses Who Are Employed Part-time" was sent to you as part of a statewide survey on nursing needs and resources. As yet we have not received your reply.

In the event that the original form was lost, we will mail you another copy with a self-addressed envelope for your convenience. In order to obtain a true picture of Montana's registered nurse supply we are striving for 100% return on the questionnaires. You can help us achieve this goal by completing the form and returning it to this office.

Thank you.

Sincerely,

(Mrs.) Mary D. Munger, R.N.
Acting Director
Joint Survey Project

MDM/pkm

NURSING NEEDS AND RESOURCES SURVEY
1409 HELENA AVENUE, HELENA, MONTANA

October 13, 1961

Dear Registered Nurse:

Early in September you received a questionnaire from this office. Most of the questions pertained to your present educational qualifications and to your educational plans for the future. In trying to adequately measure nursing resources for Montana and to help the nursing organizations make plans to meet educational needs as described by nurses, the information received from every nurse is extremely important.

Another copy of the form is enclosed and I would like to ask you again to complete it and return it in the self-addressed envelope.

Sincerely,

(Mrs.) Mary D. Munger, R.N.
Director
Joint Survey Project

MDM/pkm

Serial Number _____

Inactive Professional Nurse Questionnaire

For each question, please check the one item, unless otherwise specified, that most nearly represents your situation, or fill in the blank when this alternative is applicable, with the appropriate information.

1. What is your present employment status? Check one

   a. __ I am employed full-time as a nurse for pay

   b. __ I am employed part-time as a nurse for pay

   c. __ I am seeking work full-time as a nurse for pay

   d. __ I am seeking work part-time as a nurse for pay

   e. __ I am employed in a field other than nursing

      What field? (Please specify) _____

   f. __ I am not gainfully employed at present as a nurse and I am not seeking work as a nurse

   g. __ Other (Please specify) _____

If your answer to question 1 was a or b do not complete the remainder of the questionnaire, but please return the questionnaire to us in the stamped self-addressed envelope. If your answer to question 1 was c, d, e, f, or g, please answer the remaining questions when applicable and then return the questionnaire.

2. From the reasons listed below please select the most important reason you are not active as a professional nurse for pay at the present time and place the number 1 in the box next to that reason. If there is a second most important reason, please place a 2 in the box next to this reason. If there is third important reason, please place a 3 in the box next to that reason.

a. __ I am enrolled as a full-time student obtaining further preparation in nursing

b. __ Employers cannot utilize the working hours I could be available

c. __ Employment opportunities in my field of practice are not available

d. __ I cannot make suitable arrangements for the care of my child or children

e. __ I have transportation difficulties

f. __ The lack of domestic help for household tasks prevents me from being active in nursing

g. __ I am not able to engage in active nursing practice because of my health

h. __ I am taking care of a household member who is ill and/or disabled

i. __ I am reluctant to return because I have not engaged in nursing practice for awhile

(Question 2 continued on next page)

j. __ I prefer to be a homemaker

k. __ My husband prefers that I do not work

l. __ I prefer to give my available time as a volunteer worker in community activities

m. __ The salary I would get would not make it worthwhile

n. __ I believe a mother should be in the home while her children are young

o. __ I am no longer interested in nursing as an occupation

p. __ Other (Please specify) _____

3. How long has it been since you worked as a nurse for pay?

a. __ Less than 1 year

b. __ 1 year but less than 2 years

c. __ 2 years but less than 3 years

d. __ 3 years but less than 5 years

e. __ 5 years but less than 10 years

f. __ 10 years or more

4. Do you expect to return to work as a nurse for pay at any time in the future?

a. __ Definitely yes

b. __ Probably yes

c. __ Uncertain

d. __ Probably no

e. __ Definitely no

<u>If your answer to question 4 is a or b, please answer questions 5 through 9 as well as 10 through 21. If your answer is c, d, or e do not answer questions 5 through 9, but complete questions 10 through 21.</u>

Since you are planning to return to work as a nurse for pay

5. Do you intend to return

   a. __ Full-time?

   b. __ Part-time?

   c. __ Undecided

6. When do you expect to return?

   a. __ Less than 1 year

   b. __ 1 year but less than 2 years

   c. __ 2 years but less than 3 years

   d. __ 3 years but less than 5 years

   e. __ 5 years but less than 10 years

   f. __ 10 years or more

   g. __ Undecided

7. In which one of the following fields do you feel you would be most likely to work?

   a. __ Hospital nursing

   b. __ Private duty nursing

   c. __ Industrial nursing

   d. __ Public Health nursing

   e. __ School nursing

   f. __ Nursing education

   g. __ Doctor's office

   h. __ Nursing home

   i. __ Other (Please specify) _____

   j. __ Undecided

8. If your answer to question 7 was a, which one of the following areas in hospital nursing do you believe you would choose?

   a. __ Medical nursing

   b. __ Surgical nursing

   c. __ Pediatric nursing

   d. __ Obstetrical nursing

   e. __ Psychiatric nursing

   f. __ Operating room

   g. __ Out-Patient Department

   h. __ Emergency Room

   i. __ Other (Please specify) _____

   j. __ Undecided

9. Since you are planning to return to work as a nurse for pay, which one of the following positions do you feel you would be most likely to fill?

   a. __ Staff nurse

   b. __ Head nurse

   c. __ Supervisor

   d. __ Consultant

   e. __ Other (Please specify) _____

   f. __ Undecided

10. Would you like to participate in a program that would orient you to current nursing practices within the next 12 months?

    a. __ Yes b. __ No

11. What is your marital status?

a. __ Single
b. __ Married
c. __ Divorced or separated
d. __ Widowed

12. What is your age at last birthday?

a. __ Under 20
b. __ 20 - 24
c. __ 25 - 29
d. __ 30 - 34
e. __ 35 - 39
f. __ 40 - 44
g. __ 45 - 49
h. __ 50 - 54
i. __ 55 - 59
j. __ 60 - 69
k. __ 70 or over

13. How many children do you have?

a. __ None
b. __ One
c. __ Two
d. __ Three
e. __ Four
f. __ Five or more

14. If you indicated in question 13 that you have one or more children, what was the age of your youngest child at his last birthday?

a. __ 0 thru 4
b. __ 5 thru 9
c. __ 10 thru 14
d. __ 15 thru 19
e. __ 20 or over

15. What type of program was your basic nursing education?

a. __ Hospital program
b. __ Collegiate program
c. __ Associate Degree Program

16. What year did you graduate from your basic nursing education program: _____
(year)

17. Do you hold a college degree? Yes _____, No _____. If yes, please indicate the degree (s) conferred:

    a. Before completion of your basic nursing education:

        (1) __ None

        (2) __ Bachelor's with a major in _____

        (3) __ Master's with a major in _____

    b. As part of your basic nursing

        (1) __ None (2) __ Bachelor's (3) __ Master's

    c. After completion of your basic nursing education program:

        (1) __ None

        (2) __ Bachelor's with a major in _____

        (3) __ Master's with a major in _____

        (4) __ Doctorate with a major in _____

18. Please check all fields in which you have been employed as a nurse for pay.

    a. __ Hospital nursing
    b. __ Private duty nursing
    c. __ Industrial nursing
    d. __ Public Health Nursing
    e. __ School nursing
    f. __ Nursing education
    g. __ Doctor's office
    h. __ Nursing home
    i. __ Other (Please specify)

19. Please check all positions which you held while working as a nurse for pay.

    a. __ Staff nurse
    b. __ Head nurse
    c. __ Supervisor
    d. __ Consultant
    e. __ Other (Please specify)__

20. Please estimate how many years you worked as a full-time nurse for pay and how many years as a part-time nurse for pay from the date of your graduation to the present time. Please check one of the boxes under full-time and one under part-time.

Full-time

a. __ Never worked as full-time nurse

b. __ Less than 1 year

c. __ 1 year but less than 2 years

d. __ 2 years but less than 3 years

e. __ 3 years but less than 5 years

f. __ 5 years but less than 10 years

g. __ 10 years or more

Part-time

h. __ Never worked as part-time nurse

i. __ Less than 1 year

j. __ 1 year but less than 2 years

k. __ 2 years but less than 3 years

l. __ 3 years but less than 5 years

m. __ 5 years but less than 10 years

n. __ 10 years or more

21. Under what conditions would you return to nursing? Please comment below:

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LITERATURE CONSULTED

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